

Holy Union
Barbara Gushue
work - 759-7733 - 941-6926 #
599 East 7th St
Bklyn. N.Y. 11218 (34)
fr. Canadian

Lillian Williams
same address (24)

together 1 yr. 4 mos. (living
together for 4 mos.)

Barbara - Gay all life. 6 yr. relation -
Ship. Not living tog. One got
involved elsewhere.

Lillian - Gay 4 yrs. 2 yr. relat.
broke up because relationship
was not enough. wanted settled
relationship.

Came to Craig's H.U. here - 2
wks ago. Always wanted
H.U. Thought it was "funny".

Wants "blessing" from church
to solidify union.

Monoogamous. (both)

- Natural outgrowth -

Have "straight friends".

Share friends - some are
straight. Most gay women -
some gay men.

Barbara - Smith. Recept.

Bar knows she's gay -

Lillian - Waitress - diner.

Orig. from Jersey.

Jealous - both.

Very tight, loving relationship
very protective of each other -

Tight was about close friends -

Barbara - very mature for age.

Lillian - very good hearted. Barbara
hurts for Lillian being neglected
by friends. Too dependent
on friends - ~~moves~~ moves alone.

Both have been honest about
revealing selves.

Barbara - wouldn't want to
know Lillian was in touch
w/ ex.

Lillian - wouldn't. etc."

No role playing. Barbara
a little more aggressive.
Both womanly.

Barbara - Catholic - no sacraments
for 2 years. Goes on retreat.
Have friends who are nuns.

Lillian - Presbyterian - doesn't
remember last time. Helped
in Vac. Bible Sch.

Lillian - Mother has
Huntington's Chorea.
hereditary. In Overbrook,
at Cedar Grove.
Mother suspects relationship

Barbara's mother like's Lillian.

(Bar)

M+K - Ashbury Pk. - N.J.

Done Nov. - 1975

Grace Gallagher

Maxine Stiller

359 East 20th St

~~322 East 6th St - Apt 5Rw~~

~~677-8948~~ 677-7563

Grace - 24

HS grad, 1 1/2 Sch. Dis.
arts

Maxine - 30

HS grad, Bermain

Grace gay from
16 yrs age.

Sch. of Photog-
Wilfred Sch. of
Beauty.

Maxine - 14 yrs. old.

Herbert Berghof
Sch. of Acting

H.U. Jan 5, 1975 - Anne Montague
Been tog. 2 years before.

Been together since -

Medication

Prolixin

Cogentin

} Beth Israel Hosp.

Grace - Gay, mother disapproved, (21)
walked streets, no food, went to
Balto. came back, signed into
Central Islip Hosp.

Anthony's Residence - 5A.
28th + Bway -

C.I. 3 mos. walked away.
Signed ~~back to~~ C.I. - went
back to Patchogue.

Went back to C.I. - 6 mos.
Met Maxine Aug. 2 - 1972 -

Maxine - C.I. landlady threw
her out. Locked in screen
door. (Paranoid) Escaped
from C.I. Fantasy wanted to
go to Canada.
Bellevue 12 days - back to C.I.
60 days.

Had shock at Pilgrim State -

Bath on SSI - \$520⁰⁰ month -
\$135⁰⁰ rent. studio -

Grace - Catholic
Maxine - was Jewish - bapt. by
Ann Montague -

Want #4. — 1/4/76 — after church-
Separated

6/13/76 Reaffirmation of Vows.
Cancelled.

8-11-76 Reaffirmation of
Vows done.

Final Note

Both women are seriously disturbed & under constant psychiatric care. Both are addicted to chemicals & have extensive histories of being in & out of Beth Israel. Both hallucinate, hear voices, are paranoid, delusional, etc. Often go off in middle of discussion.

HOWEVER! Their relationship, while mutually dependent, is a relatively sane one — despite problems. They are supportive & caring for each other.

Pray like all get out for them — They need it badly!

RICHARD C. HELTON

12/18/25

S.S.# 434-66-3125

MACON, GEORGIA

50 yrs. old

EMPLOYMENT:

DUN & BRADSTREET: TYPIST, SUPERVISOR,
ACCT. DEPT. SUPV.
INVESTIGATOR
DEMONSTRATOR OF
REPORTS & REPORTING

STATISTICAL TABULATING CO:

SUPERVISOR: TYPING, CALCULATING,
COMPTOMETRY, CLERICAL.
125 PEOPLE

MORSS & SEAL, CONSULTANTS & ACTUARIES
- JR. PARTNER - GENERAL MANAGER

KIDDER, PEARBODY & CO - STOCK BROKER
STATISTICAL REPORTS - CALCULATIONS,
GRAMMATICAL EDITING - SUPV. TYPING POOL

FREE LANCING:

STATISTICAL & GRAMMATICAL WORK
FOR VARIOUS COMPANIES - MOBIL OIL,
FORD FOUNDATION, TELTRONICS, INC
AND OTHERS

Ph.D. COLUMBIA UNIVERSITY - MATHEMATICS

ST. CLARE'S Hosp. 5th & 9th Ave.

MUGGED. UNSEENED ATTACKERS. UNCONSCIOUS,
Picked up by Police, 2:34 pm, on
SIDEWALK. BRAIN CONCUSSION,
HEART ATTACK, FRACTURED JAW --
ENOUGH!

OCCASIONAL TEMPORARY TYPING FOR
DOT SERVICES -- minimum \$4.00 hr.

NEEDED: QUIET, SMALL, DECENT, INEXPENSIVE
LIVING QUARTERS FOR A WEEK,
SMALL AMOUNT OF CASH FOR
FOOD, TRANSPORTATION, ETC. SO THAT
I WILL BE ABLE TO DO TEMPORARY
WORK AND BE SELF-SUPPORTING
AGAIN.

MAIN DISABILITY - HEARING

12/17 - Housed at 396 Deau St. for one mo.
(paid 20⁰⁰ for one week's rent out
of Deacon's fund.) Given clean,
serviceable clothing for work, \$10⁰⁰
for food and/or carfare, and some
canned goods for one meal.

12/18 Reported working M.R.

Dick Helton

8-15 Final note:

Dick is not doing well. Not working steadily. Hearing loss + equilibrium problems keep him from working steadily.

He had moved in w Jim Wolfe in B4 + due to extreme demands of Wolfe was not able to maintain situation. Wolfe threw him out.

Dependent, ill, unable to work because of emotional problems, this man will turn up from time to time. Have no suggestions. Marcia G. has worked w him, suggest he be referred to her for follow-up.

Dr. H. H. H.

2-8-1908

Dear Sir,
I have the honor to acknowledge the receipt of your letter of the 2nd inst. in relation to the matter of the ...

... of the ...
I am sorry to hear that you are not well, and hope that you will soon be able to return to your duties.

I am, Sir, very respectfully,
Yours very truly,
J. H. H.

I am, Sir, very respectfully,
Yours very truly,
J. H. H.

Lurline Lowe -

1780 Madison Ave.

534-7508

NYC

10035

Baptist - Mother Pentecostal,
minister -
Religious conflict & gayness.
Coming to church. Working
through conflict.

Became member of church,
baptized at Riverdale by
Jim Jarman & Gil -

Handwritten text at the top of the page, including a date "23rd - 1888" and a name "John J. Johnson".

Handwritten text in the middle section, appearing to be a list or series of notes.

Handwritten text at the bottom of the page, possibly a signature or a concluding note.

NEED ORGANIST!
Wally OK

(41)

Mary Mc Carthy -

201-751-4374

Telephone Co. Supr. (25 yrs.)

-Barmaids -

20 yrs. gay.

Antoinette DiAndrea

(22)

Ins. typist

newly out.

Mary

47 Overhill Rd.

Belleville, U. of.

07109

March '75

Lived together since 4 mos.

No prev. marriages -

No children involved.

Met at opening of gay
Club.

Want H.U. - "belong together"

- Legal type marriage -

- Both Catholics -
Go to church together!
Receive sacraments.

Brooklyn.

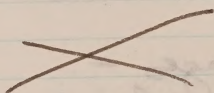
Friends - 100 friends at
wedding! Bar people -

Mary has "status"

Not out to employers -

Phone "exec" type.

Irish
Mary



Antoinette
Italian

Communication

A. would try to get up and serve.

M. would have sent group home or would entertain group herself.

Car scene -

No "how do you feel"

Argue - animals -

Most serious - task orientation around home -

Jealousy - both - handle competently -

Barmaids -

Share friends -

Monogamy - grows out of relationship -

Long terms ret.
Cent. 2 yrs. Couldn't get
along. Double standard
problems (i.e. male).

Mary - 10 yrs. (Chris + ~~Ricki~~)
Accountability. Family. Friends.
Lack of communication. Left
house rather than talk.
Fear of suicide.

Sex i man -

Sex i another -

Wedding type H4. Mockery.
? will it last. May need
to check from time to time
to see how Antoinette is
doing. MAC will survive.

^{next}
(Klapper - Jewish)

Rosalind O'Malley 27
830 Ashford St.
Bklyn 11207
(Boulevard Housing)

Bklyn
P.S. 263 - 9th Grade (left because
of disab.)

Dislocated hip + spine defect
Wheelchair (11, 12 yrs. old)
Crutches - left leg.

Operated on in '65 for tumor of
bone (?) may have lost leg
5 surgery.

'69 had plate removed from leg.

Facing knee surgery (Angiogram
shows damage to blood supply).

Montefiore Med. Center -

CRMD - slow learner. (reading
problem) Reading Institute
learned to read at 10th
grade level -

Hospitalized at Edenwald School
1963 - (13 yrs.) 4 yrs.

(training school)

Wassaic State School - (4 yrs.)

Suicidal (19).

Left Wassaic June 20, 1967.

Met husband Jan. 20, 1969 -

met at training school -
both students. Went for
training - Got married
1 yr. 9 mos. later. (22 yrs. old)

Husband (33 yrs. when married -

OVR[↓] - slow learner also.

Husb. unemployed (mail room
clerk.) 2 yrs.

wife whs. dept air resources
as clerk - types & does
clerical work for air
base. Inspector. (225⁰⁰ per 2 wks)

Wakmen's Comp - fell on job
and aggravated bed birth
defect.

Attendance good at work -
on vacation now. 2 wks -
been on job 4 years.

Relationship $\bar{c}$ girl (2 yrs.) ~~the~~
(femme).

At Wassaic: Dormitory for women.
(no men available)
liked - (loved) feelings for
her, felt lonesome $\bar{c}$ her -
not as strong as for man.
wouldn't want to live $\bar{c}$
her.

(Sexually not really into woman
at that time) -

Not exclusive $\bar{c}$ woman -

10D - 1 yrs. not married
didn't want to become
pregnant. Couldn't use
pills - Coil - (2 diff ones)

Pill - allergy - & because
of medication -

Allergy shots } GHI
Valium - M.D. }

Now wants to become pregnant.
Suggest

Pap.

Blood test

* Salpingogram

- Family planning -

Open relationship w husband
he's looking for woman and/or
man.

These are two moderately retarded
adults who will make poor
parents. Advised on last visit
that they think again about
having family but they are
determined. Not pregnant
yet. Still obtaining medical
advice.

Thurs - June 10
7 PM - Lounge 2
Olma Perez

681-9766 (daughter Cynthia)

OVR - work preparation -

Bronx Psych. Clinic - Dr. Gracelyn
931-0600 X 2320 Franco

Mr. Sy - Clinical Psychologist

Olma does not want to see me as counselor because of my advice to let Mary (her ex-laner) go. Mary felt she was not gay & wanted to be free to explore heterosexual relationship. Olma agreed, but pain of that break precipitated last hospitalization.

Attached is note from Bx. hospital.

Thurs - June 10
— 7PM - Lounge ?

Susan Perry (26)
Mary Ann Bellomo

S.P. 75 Vista Ave - (28)
Staten Is NY 10304

MAB - 8606 Fifth Ave. - 745-6641
Bklyn, N.Y. 11209

Neither pers. married -
No children

1 1/2 sp. tog. Never lived
together -

4u - 3 mos. Wants to
solidify & define - Most
approp. way

Marriage & family oriented
Italian Catholic MAB

S.P. Canadian - 1/2 Jew - Prot.
Episcopal -

SP. Psychotherapist - State
Ins.

MAB - Brokerage firm -
Hkkeeper -

SP. BA Psych - M - Rec. Therapy
MAB - AAS - BBA in future.

2 dif groups of friends
share them. Some mutual
friends -

Parents -

MAB - Not out - but get along
well - not understand -

SP sees MAB's family fairly
good.

SP Parents know - brings Jones
home - won't hide -

MAB

On own - indep. only
Child -

SP. 2 sist. 1 bro. in Aust.
Know

Most serious arg.

SP - Xmas Eve - ~~that~~ SP
away - Had to work, Got
sick - not at work -
MAB called - Jealousy
at Rd. lover. Holiday
uproar -

Resolved: Talked out
feelings - Just really
learning to trust -
built - Learned to com-
municate -

MAB - Try to talk out -
Both tend to withdraw -
Both approach -

MAB - Quiet broody type
more often. Doesn't
retain anger - Hurt
feelings.

Jealousy — MAB not
annoyed ex by not
being enough.

SP Not jealous —

Monogamy — Both —
dispositional not by
agreement —

Honest, open relationship

$4\frac{1}{2}$, 4 ~~MAB~~ SP

$4\frac{1}{2}$, 4 MAB

Worst thing —
immature MAB

possessing, dressing violent!
SP

No role playing!

MMB - No relig life since
conf. because - dogma
of Church - believes in
God.

SP - Friend of Susan Day -
roommate - meetings at
Oscar Wiede -
Believes in God -

HU - Strengthening bond -
no legal ties - spiritual
tie - hence M.C.C.

Relationship

2 - Go to her - Talk when get
home - Missed her - How
are you. I love you.

1. Wasn't well - not good co.
Lie down - really sick
leave - not serious if
not annoy stay.

Gay life - through
women's movement!

Complementarity -

MAB stronger - more
aggression -

HU done after extra counseling
sessions.

For life - thank
you to everyone!

— Compliments —

MAB Strangers — more
affection —

Will have the
best of the
best of the
best of the
best of the

Ship
The ship
The ship
The ship
The ship

So long
The ship
The ship
The ship
The ship

(Knew)
Sue Day

Before 12/15

(24) Jan Potts

(20) Alison Aro 340 E. 34th St
(10016) NYC Apt 11E
ALLYSON ARO 532-4127

JANET POTTS

Known ea other 6 mos. Living
together since Aug.

J - prev. 11 mos. "Comm. gap"
Sexual problem - none.

A - 8 mos. wanted freedom.

HU - couple of months.
"Marriage by God" ✓

J - Catholic

A - Jeh. Wit. Non-denom.

Problem -

A. wants to help. (.)

"How did it go?"

J - Postpone party

A - Go to them -

Argument (A)

at B+C, quarrelling - OK at bar.
Got drunk. A hurt J. J hit her.
(A forgives her.) Ran home. Fell
on 2nd Ave. No keys. Doorman
opened door. A locked her out.

Can't remember what about.
adjustment period.

(J) Sensitive about ring ♀♀.
Hosp. housing A wearing ring.
Stopped. J ~~turned~~ out. Cooled
off. J over-sensitive.

Jealousy

J - ? ~~Alison's~~ Alison's straight
background. Possessive,
demanding.

A - jealous person.

Friends

A - has friends went to sch. with
Jan. political friends

Fidelity

J - Monogamous -

A - Monogamous -

| Comes from
within.

Alison - OB nurse - NYU
Jan - Billing Clerk - Mobil
Oil.

Frunk

Scale

A - "10"

"5"

J - "5"

"5"

Worst

A - She no longer loved me.

J - Heard she was going out
w people behind back.

Role Play

OK.

Depend.

OK.

Have kept in contact w Jan &
Alison since Ha. Acting
politically. At CSLD. Relationship
is better since Ha - gave
stability.

Class - CP Journal - 1944
Topic - ...
Date ...
A - ...
T - ...

Wrote ...
A - ...
T - ...

Page 10
OK

Page 11
OK

Page 12
OK

Page 13
OK

Statue of Prague
Inf. of Prague
needed.

Chapel
Thurs, Dec. 18 - ~~21~~ 21. 6³⁰

(30) Cathy Polin
(30) Dotty ~~Brennan~~
Brennan

1302 Newkirk Ave
Bklyn
434-5830

15 YEARS together -

C - Catholic
D - "

Dotty - married male, but didn't
work - age 15 -

Cathy - never married.

Dotty - Child - 12 yrs. old - lives
w/ grandmother. Child
visits C + D.

Thinking abt H4 4 yrs. Blessing
on existing relationships -

C + D both go to church - often
together.
Pray together about sickness,
problems.

Car. Situation Wants until she
speaks. D. would talk abt.
problem - Feels she can -

Sickness Sit - C. Healthy resp.
D. also -

Arguments

Scrappy pair -

Daddy wanted ched - Argued -

Jealousy -

OK. now. Had problem.
Worked through.

Friends

Couples -

Long-time

Fidelity

Monogamous - but have
freedom -

Sexual fidelity

Natural growth of rel.

C - Bd. of Ed - Matron

D - Bd. of Ed - Matron

D - Take trip w someone -
Go off w someone else.

C - Emot. involved w another.

Role Playing

D - Mod. butch - but easier
to get along than "Super Dike".

C - Fairly Fem.

Wants info. on art.ensem.

Alcoholism - Dotty -
in past

Final Note

Dotty has had 3 strokes +
has flail left arm residue.
She has extreme high blood
pressure.

G11 - You may have to do
this woman's funeral. 3 strokes
is the usual limit + Dotty has

gone the full count. Your
prayers for this couple are
needed. Check on them
periodically - they may need
our help as well.

~~Tues~~ - 2 PM

Rosalie Rosa - Janie Catalli
Went argument - About Rosalie's
husband. He was still living there.
Separated but still living there.

Jealousy - R. gets jealous. Knows
she is standing around.

**BOORUM
& PEASE**

MADE IN U. S. A.

S308-2

**RING
BOOK
SHEETS**

8½ IN. x 5½ IN.

This package contains 100 sheets

HU Feb
2nd 5 PM
church

Rosalie Rosa 31

Janie Catali 20

108 Lampart Blvd.
Staten Island, N.Y.
720-6367

Living together $1\frac{1}{2}$ yrs. Known
2 yrs. Met at a bar (Beekhaven)

Rosalie prev. married - separation -
not divorced, 3 children
11, 9, 7. (10 yrs. mar. - broke up(?) wrong way)
Children live c/you. Children know. No problem c/ husband. ^{season} married.

Rosalie - Catholic -

Janie $\frac{1}{2}$ It - $\frac{1}{2}$ German - Protestant -
(Maravian) -

Why HU? Binding relationship, secure
(R) togetherness. Feel married, nice
addition.

Believe in God.

Worst thing

Janie - R. is not gay!

Rosalie - ?

HU done 8/15/76

(Kenneth McDowell)
Danny Robbins —
9/1/59 (15 yrs.)

Cleveland, Ohio

Lived w/ mother & 1 younger brother. Father deceased 6/25/70, heart disease.

Left Buckeye Youth Center, Columbus because of aerosol high and decided to stay out.

Used mother's credit card. Ran away & remanded for violation of probation

Cinci MCC (one week) hitched to Dayton - 2 weeks Detroit (MCC) Windsor, Toronto - Buffalo, hitched here.

Been on run 8 mos. Been N.Y. 4 weeks.

Art McDonald's mother >
Father Anthony R. Good >
possible foster parents - Clevel

School - 9th Grade - Grad. Jr. H. S.
I.Q. (125) No learning problem.

Some behavior problems -
hyp. act. Adjustment problems.

Outcast - weight, "loony"

5" 2¹⁰

Grossly heavy child - laughed at
made fun of.

Final note

Returned to Ohio. Mcc. My
unable to help this boy -
needed housing, food, care.
We had nothing but our
prayers to offer.

Angel Rosado

Gene 1 1/2 yrs.

435 E 9

533-5646

Welfare -

Medicaid

Income Maint.

Food stamps

was twin at birth -

In ~~the~~ Wassaic State School
for 10 years.

At 10 years hit guy w lead pipe -
jumped him (14 year olds).

Mother died 3 years ago -
Indian -

Father midget - died of epilepsy -
Carpenter.
Beat him -

From Bayamon - in city -

Came to U.S. (10) - went to
School to 2nd grade.

Was with retarded kids at
Wassaic - mongolians, etc.

Jenal Kate
Now at Way Top. Doing well.

Angel Rosado

needs letter stating that
he lives c Gene Sheridan,

Tried to refer to welfare.
They refused.

My dear
The time is
The time is
The time is

CHRISTIAN ED. CONF.

Sat 9-5: Theology
Supper
~~Cabaret~~

Papa Van HECKE-WRAP-UP SERVICE

Carol Sanders (25)
Marion Gladstone (35)

82 East 2nd St.

^{NYC}
673-8171

500 E 77th St.
^{NYC}

MR - Lesbian Switchboard

lived tog. 1 yr. Known for 5.
Met through ex-husband - going
out w Carol.

Husb. Remarried - happy abt. sit

Marion married 2x before

1- lasted 3 yrs. (57) (18 yrs old)

2- lasted 1 yr. (31)

No children

Marion - Gay - 18 - bisexual
when married. Strongly gay
last 5 years. Still maintains
relat. c men.

Carol - Sees men occasionally
but exclusively c Marion.

44 - Sanction from community.
Move in hts group -

Relig. back.

Marion - Jewish

Carol - Bapt. - So. 1st Church

Communication

1 ✓

Marion - concerned -

Argument

Split for a while - Carol grew up
a lot. Not communicating -
Drank -

Learned to handle problems -

Physical fighting - now cut
out.

I wish to enter into a contract of
~~Holy Union~~ ~~Intestage~~ with Carol (marion) based
on love trust respect &
sisterhood.

I promise not to inflict any psychological
or pain on Carol (marion).

I promise to be as honest open
and verbal as ~~quickly~~ soon as I
am aware of the facts of any
given situation

Any discussion of separation must occur
as soon as ~~either one of us feels~~
~~we~~ we feel that either one of us
is not upholding the contract

HU done, after extra counseling
sessions.

1. The first part of the course is devoted to the study of the history of the English language from its origin to the present time.

2. The second part of the course is devoted to the study of the grammar of the English language.

3. The third part of the course is devoted to the study of the literature of the English language.

4. The fourth part of the course is devoted to the study of the composition of the English language.

5. The fifth part of the course is devoted to the study of the pronunciation of the English language.

6. The sixth part of the course is devoted to the study of the idioms and phrases of the English language.

7. The seventh part of the course is devoted to the study of the syntax of the English language.

John Devers

(Mildred) Millie Sanchez (38) out 2 yrs.
Dollie Fiore (25) age 16
(Josephine)

95 Riverdale Ave
Yonkers, N.Y. B913

3 yrs

Millie - Protestant
Free Gospel Pentecostal

Dollie - Catholic -

Why H.U.? wants some form
of meaningful significance

Millie - Marriage 14 yrs.
Couldn't live w him,
older man couldn't
stand hassle.

Dollie - 4 yrs. She left for
someone else - more
material things to offer
(had child)

Millie - 1 child, 17 girl lives w.

Referred

Rev. Weeks - Ref. Bob Clement.

Beloved disciple sent to me.

Good relationship - child.

Good relationship -

Dollie - 9:00 - 4:00

Millie - 6:00 -
1:00

Communication - Excellent!

Sick - would put off

Care - wouldn't let her leave
angry - but would let her
~~the~~ get out & think

Worst fight - gives Millie "pouting
~~none~~ hour"

Friends

Gay couples - own homes
Waitresses, etc. Some teach.

Jalous

Both! Care - not sick
jealous.

Millie - quit sch. 16 - 3rd yr.
Dodie - 3 yrs college at night.

Fidelity - Millie "won't share"
also Dollie.

Sexuality

Dollie - not into roles

Millie -

Dependency

Can lean on each other.

"We're friends first."

Hu - want legal names on
certificate.

Hu done.

Dech Shay
Problems of sexuality &
Christianity.
Have non-moralistic
viewpoint -

Holy Union
Mary Sweeney - Dee Kenney
70 Whittingham Place
West Orange, N.J.

72-35 150th St.
Flushing, N.Y.

21

Jay 6 yrs.

29

Prev. married
1 child boy, 13

Jay 5 yrs. ^(illegitimate)
~~Dee Kenney~~

Good relationship, "but a ~~pleasing~~
never hurt". (Mary)

Keeps us together & more respect.
(Dee)

Feeling of security.

Mary - Catholic back - left after about
1 1/2.

Dee - Catholic - left after son was
baptized.

Referred through friends -

Hee afraid for welfare of child -
Ignores him.

Rolando wants Mary in home,
along w/ cat "Joke".

Hee - 3 yr w/ woman - Broke up
because of incompatibility.

Mary - 2 1/2 yrs. - grew apart -
"changing".

Known each other 8 months.
(Together coast. 6 mos. in
spite of diff. addresses.)

Communication

Good on (a).

Hee would want to know -
would let her go -

(Slightly rigid person)

* Worst. fight - about affection - Mary becomes less affectionate in public.
(Reserved)

Mary is becoming more jealous

Lee is jealous.

Move in two separate world -
Lee's friends are gay. -

Mary's straight. -

Culture/class difference.

Mary

W. Upper Midl. class
anti hispanics

Lee

Americanized
Spanish

Many straight friends -

*
Mary
unemployed auto
sales (Lincoln-
Mercy) School
to study psychology.
Indecisive

Wlee
unemployed.
Figure clerk.
Office workers
(friends).

Art Psych Anthro
P.E.

Fidelity -

Mary ✓ - Wlee ✓

Sexuality
OK.

Roles
Good woman/women -

Argumentation

Dee - check ^{blood} pressure.

Parents

uncles - shuffled around
no mother -
Bad childhood experiences,
very insecure, brutalized.

Mary is sensitive to Dee's needs
and seems accepting of
the additional care not to
hurt Dee which will be
needed.

Dee needs to learn to deal
w/ anger & putting it on her
lovers and/or turning it
against herself.

Counseled one additional
time. Was going to turn
down for H.U. but did not.

Still concerned about whether
I should have done this H.U.

They have contacted me since
for discussion of problems.

(Feb 14 - 5 PM
During Service ~~Russell~~ Chapel
Marty + Wally (Margaret)

Andrey Mitchell

879 Salena Drive
Louis River, U.G. 08753
(201) 240 1365

Marty - 46
Andrey - 29

Together 16 mos. -
Work together - Bros know.

Nurses -

Dir. A.

In. Sew. Coord. M.

Bayville Conr. Center -

Chedre

M - Son - 27 married (Knows)

A - Son - 4

(Aster will be M of H.)

M - lived - someone 15 yrs.
b/u - sickness, no sex -
① wanted someone else.

A - Came out - Party -

A - No fear of exposure -

Both prev. legal marriages

M - divorced

A - legally sep. (divorce
depends on money!)

Why? Wants marriage in
sight of God - no mockery.
Loves A - wants H & A.

A - Wants blessing by God -
fully married -

M - Presbyterian - quit 36 yrs. old.

A - Catholic - quit 3 yrs. -
3 yrs. ago stopped Sacraments.

Own own home -

M - Ran for committee woman

Paid M \$4,500 debt.

"Our son" - 4 yrs. old

Argue - don't argue -
not about kids -

Jealous - A - thinks M
is so great etc.
M's ex. is up the street,
ex of 15 yrs. is friend.

Friends - together -

A - honer.

Monogamous -

✓ If someone, no need
for others.

A - says until she tells about
it - "Our" problem -
let her go.

Coffee, tell about it?

Wants to share problem.

Shares job problems.

Sick Not brought friends
home. Leave

M. - would make coffee -
Could tell her she was
too sick.

M. worse - leave, not lost

A. leave -

want organist -

2 give Audrey away
2 witnesses

wants 2 walk down aisle
Taped music -

Traditional

(2500)

HN done in church.

now members Asbury Park Mcc.

Susan Graham
431 Hicks St.

Bklyn, Ny 11201

596-2489

Nanny Wecker's ex-wife

Ref. to Lambda Legal Def.

A.C.L.U.

Margo Karl

N.O.W.

2nd ex-husb. Randy (on disab.
1200⁰⁰ -)
V.A.

Visitation

Nursery Sch. - Dancing Dragons - >
69- Bank St. School

Waverly ~~State~~ Resto.

Problem working -

Needs friends

Andrew Vince
2165 Ryer Ave - 733-7003
Bronx, N.Y.

Andy - (32)

Bookbinder (1 yr.) hates job - \$105⁰⁰
Jones 2300⁰⁰ (25-30 weekly paying off)
↓ Church Adv for 6 yrs. Unempl. welfare
after.

Lives in mother-dependent.

Ex Navy - dish (17) for immat. Re-entered dish-
for

Park offense - (10-12 yr. red kid)
2 yrs. Therapy -

Battling rage - afraid will "fool around"
in kid + mind up in jail.

Has "friendship" in kid (no sex). (some
masturbation of them - rarely him - some
sodomy.)

Photographer -

Father died W.W. II - age 2 - No stepfather -
Becomes parent never had -

Porno - "Chicken films" - homosexuality & children -
\$25⁰⁰ - 40⁰⁰ - after ejac. throws or destroys film +

Fears hurting someone - "Spanking fantasy"
"bathing fantasy" "enema fantasy",
"candle sodomy".

Physical Activity - Sports basketball helps - forgets
sec + age of players.

Rage & depression - Suicidal thoughts - (NYU -
courses in AD)

Blackmail - kids in neighborhood - 11-12
\$20⁰⁰ - went to Pilgrim State - not insane -
scared. 5 mental disorders

Supp. Pentane 2 yrs. disord conduct
2 kid 11 yrs. old in park -

Mother - factory worker -

Rage - hit mother - 14-15 yrs. old -
overprotective mother - humiliation in
front of peers. his mother if she didn't
give money.

Uses mother's money to buy porno.
Phobic abt. subway - took cab to work -
afraid of getting sick on subway -
diarrhea - gastro-enteritis -

Hungarian - Vuisze
Rosecrucian -

N.Y. State Dept. of Labor - Apprenticeship Program -

Carpenter - Edicto - just out of prison -
- Riley -

- Bob Gibo - Carpenter at Phelmont, Upstate -

Bobby Lieberman -
Typing, filing, office wk.

Eileen Casey.
Barbara Police -

143 Waverly Place - No phone

(Casey - Maj. Rpt. 691-4950)

2 years - just moved together
Met at Women's Center, Seaford -
Hempstead, N.Y.

Casey - Writes "Kno Y. Local Rapist -
Adv. + Production - /

Bookkeeper - (Barbara) -

Bookkeeper = Book Co. (Adams)
distributor

Barbara - from N.Y. - lectures on By-Laws
etc. Prof. Household Workers - By-Laws.

Eileen - Seaford L.I. Been gay
2 1/2 yrs - now 26 -

Barbara - (Charles G.) gay " years - 27 now.

Barbara - longest relat. 2 yrs. possessiveness.

Life commitment - Sharing - H.U.

Casey - Catholic - Stopped 16 - goes once
in a while - Took sacraments - last
rites - 2 1/2 yrs - Suicide - Coming out -

Barbara - Catholic - Stopped after H.S.
relig. retreats helped.

Casey - has daughter - 5 - ^{ex-} husband
in Seafood -

Casey has been married ^{at 19}
lasted 2 yrs -

Barbara, never.

Casey - legally separated, not
divorced -

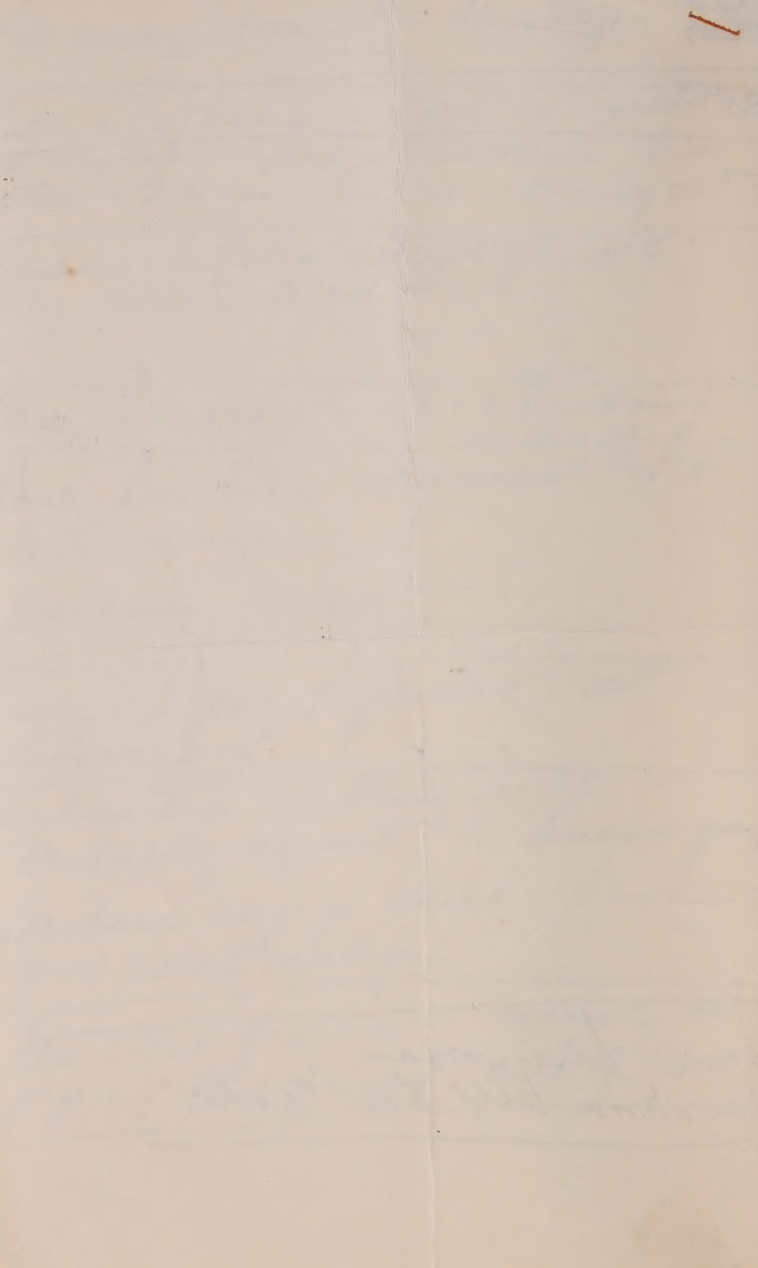
Unlimited visiting rights -
Mutually agreed - h. knows gay -
Barbara enjoys child - have
good relationships.

Few close friends - mainly at
paper. Few friends out of town.

~~Sped:~~ 8 PM

\$25⁰⁰

Carol Silverwoman
Downtown Welf-Adv. Center.



Cammy -

Married Sept 74 - in order
to keep child.

Was addict. Mother raised
child. 11 year old girl.

Dance teacher -

Roman Cath.

"Daddy's boy"

Not HS grad - Quit Sr. yr.

Pregnant 24 - addicted -
clean when child was
born.

Was at Brentwood (Pilgrim State)

Cammy is extremely
Disturbed! Suggests

She be committed
for psychiatric treatment.

Also - Dangerous

Strength - power -

Manipulative -

Very lonely - afraid to
just admit need - adds
a lot of seductive
behavior. Necessary for
her to feel wanted

Cammy has not been back
in touch. Drinking heavily
when last seen.

HU 2/28 10:15 AM
101 W. 15th St. N
Shirley Kirby
(255-7197)

Linda Osborne (34)

29 Landing Road (316)

Glen Cove, L.I. Ny 676-5378

Isabell Deppe (25)

797-4758

Relat. 1 yr + 2 mos. (living together
Oct 74)

L. 3 yrs.
I - 7 yrs > pres. rel.

HU - 3 mos.
MCC - Gay church -

Relig -

I - Meth - > yr. ago X mos. ev -

L. RC Communicant - weekly -

Ethical life - God involved -

Communication

I, autonomous - I.
L.

II ? about problem I
Is everything all right?

Argument - Ellen's dog! OK to bring
Could not try to leave home - ? about
Strength - power -

L. Printing -
I - Am. Express.

Argument -

Resolved thru effort to be more forceful.

Jalousy

Minimal -

Friends

Good - in common

70% gay - couples - friends - family -

Monogamous

a. ✓ b. ✓

Truth

Worst thing

I - Doesn't love - >

L - leaving

Rule Playing

Not extreme -

All done.

Maritza Dougherty
287-3586

Crisis call 12/15

Made suicide attempt.
Talked to her for over one
hour. She will come in
12/16/75 10³⁰ a.m. for counseling

12/16/75 Did not show.

Final Note - No further contact.

Walter Doughty
287-2284

Green case 10/12
Packed 2 lbs for over door
10/12 10:00 AM for Green case

10/12 10:00 AM for Green case.

Final note - in further contact.

Joan Fioretto (24)
486 Carroll St.
Bklyn Ny 11215

No phone

Mirtha Rodriguez (19)
(Mickie)

Joan - 15 yrs. old
9 yrs.

Mirtha 15-16
4 yrs.

Together 7 mos.

Joan legally married - 2 yrs.
lived $\bar{c}$ 1 year - divorced.

Mirtha - annulled. Underage.

has chld Dennis - 2 yrs. old.
chld of marriage.

Dennis lives $\bar{c}$ couple -

In 20 block area - 6 couples
live - Chedren 2-12 yrs. old.

Known each other nearly a year.

Why HU? For completeness -
Annie + Debbie - Friends
in Fla. Told them about it.

Mirtha - 1 rel. 1 yr. lack of
identity - older woman.

Born in Bklyn. 11th Grade
Miami High, Erasmus Bklyn.
Seiz. Not now. Does home
housework, etc. P.A.
Cath. Goes -

Jean - Whs in lumber yard -
39th + 5th - Father contractor.

Finished H.S. Clara Barton -
Secy. Born in Bklyn -

Catholic - Goes to church -
OK on Gay + Relig.

Go to church together -
Pray together -

Want argument - talk about
it - discuss - compromise -

Over ex - lower (Joan) Joan
told M. lower grabbed her. Mirthen
upset.

(Respect for each other - no fooling
around?)

Jealousy - Trust each other -
Joan jealous type - Possessive.
Mirthen also -

Show affection in front of
baby - Share affection &
him -

Share friends - mostly
Joan's friends in beginning.
M. has lost track of her
friends here - Has friends
in Fla.

More in 6 couple group in
Bklyn - Go out in Bklyn -

Believe in fidelity - no cheating.
Relationships good - no need for
others.

Illness situation -

Call ahead - may put off - Joan
entertains - M. will help -

Car - M. will try to help - walks doesn't
drive - Try to talk it out.
How do you feel now?

Honesty - Talk a lot - Open about
past -

? Cheat - Joan -
Cheat - M.

12/15/75 - No further contact.

4/76 Came in for further H.U.
counseling + want H.U. at
some future time. Stood
up for Bonnie + Beverly at
their H.U.

Jun 8!

Ronnie Fox (28)

227 Hawthorne Ave.

Yonkers, N.Y. (914) 965-0937

2 1/2 yrs
gay

Oleg ~~#~~ ~~Ravin~~ Rivera

(23) 7 mos.
gay.

7 mos. together - (lived together
all the time)

Baby - Shaney - 14 mos.

Oleg gay before

legally married before -
separated - No contact w/
husband. No custody problem.

Shaney lives w/ couple.

Ref - Gay Int'l. People's Church -
Beloved Disciple -

He love ea. other - Wouldn't
improve situation, but feel
good abt. it.

Ronnie - 4-5 yrs. w/ someone
else when she was away.

Oleg - No love in mg. No woman
long term.

Ronnie - Jewish, Taxi driver

Bega - Catholic - Stays home
cares for baby.
Both believe in God.

HS - runs business (R.)
Didn't finish HS (O.)

Mr. Vernon (R.)
NYC (O.)

Bega more jealous - R. drives car at
night. Direct phone to gay bar.

Nepehan Ave - Yorkers -
Playroom.

Not too many friends - 4-5
one came between & Ronnie's
suspicions.

Expected faithfulness -
grows out of relationships

Dekeo - sit.

Ronnie would send them home.

Oga would excuse self &
go back to bed.

Car - Where did you go? not
how do you feel?

Honesty

Worst thing R - Seeing old
lover.

O - Seeing old lover -

R - Not super duper - Not feminist

O -

R. Family met Oga - liked until
found out gay. Mother doesn't
accept gayness.

O - Family doesn't know. M.
lives in P.R. Sister insinuates
gayness - B-s-a-L won't come
to house.

Problem c family (O) but
not too close.

Sh. father doesn't know
where they are. No support.

12/17/75 - Come in to make
the arrangements for
Jan 8 in Russell Chapel.
Thurs. p.m.

All done. 1/8.

What every woman should know

ABOUT RAPE



WHAT IS
RAPE
?

...It's the
UNIVERSAL CRIME
AGAINST WOMEN

-- A SEXUAL ACT

committed against a
woman's will, involving
the threat or use of force.

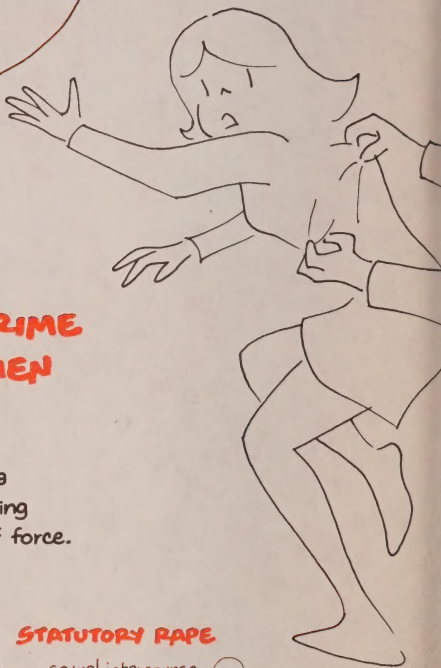
ATTEMPTED RAPE

--an assault on
a woman in which
sexual intercourse
is intended but
does not occur.



STATUTORY RAPE

--sexual intercourse
with a girl under
the age of consent
(usually 16) with
her consent.



MEN WHO RAPE ARE

- from all walks of life and ethnic backgrounds.
- young -- more than half under 25.
- 3 out of 5 married, leading normal sex lives.

**RAPISTS
ARE CRIMINALS!**

They commit rape
in order to
CONTROL and HUMILIATE
another person
-- not out of sexual desire.

Often they're
REPEATERS
-- they've raped
before and will
again.

PATTERNS a rapist uses:

SURPRISE ATTACK

-- suddenly assaulting a woman who's a stranger to him.

AFTER INITIAL CONSENT

to sexual relations by the victim, who changes her mind. He then uses force to have sex with her.

MARKED VICTIM

-- assaulting a woman he's acquainted with in some way -- often someone who feels there's no reason to fear him.

YOU should **BE CONCERNED**
about rape because

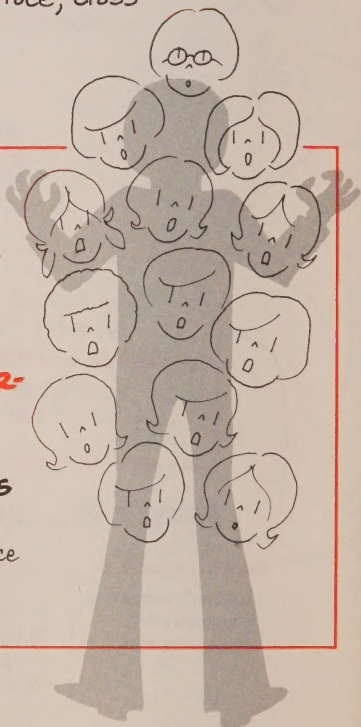
EVERY WOMAN IS A POTENTIAL VICTIM

- regardless of age, race, class
- anytime
- anywhere

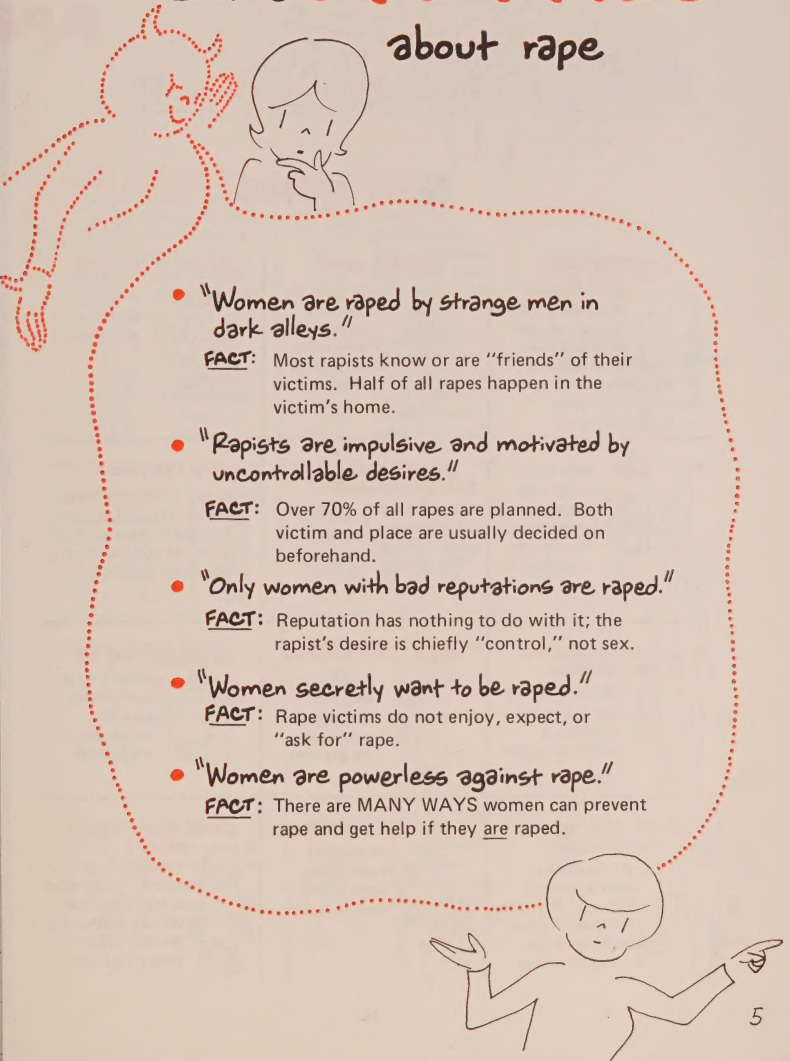
IN THE LAST
5 YEARS,
rape has increased by
37%.

It's also the **MOST
SERIOUSLY UNDER-
REPORTED** crime.

- It's estimated that
as many as **10 RAPES
OCCUR** for **EVERY
1 REPORTED** to police
or hospital.



Some **COMMON MYTHS** about rape

- 
- "Women are raped by strange men in dark alleys."

FACT: Most rapists know or are "friends" of their victims. Half of all rapes happen in the victim's home.

- "Rapists are impulsive and motivated by uncontrollable desires."

FACT: Over 70% of all rapes are planned. Both victim and place are usually decided on beforehand.

- "Only women with bad reputations are raped."

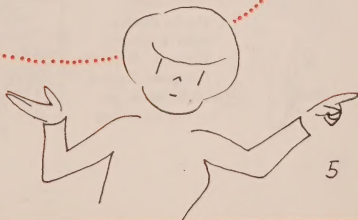
FACT: Reputation has nothing to do with it; the rapist's desire is chiefly "control," not sex.

- "Women secretly want to be raped."

FACT: Rape victims do not enjoy, expect, or "ask for" rape.

- "Women are powerless against rape."

FACT: There are MANY WAYS women can prevent rape and get help if they are raped.



HOW TO...

PROTECT YOURSELF AGAINST RAPE



1 AT HOME

LOCK DOORS

and windows with heavy bolts. If you lose your keys or move, have new locks installed.



INSTALL BARS

or gates on windows next to fire escapes or on ground floor.



HANG CURTAINS

or blinds on every window.



LIST

only first initial and last name on mailbox, on door, in phone book.



GET TO KNOW A NEIGHBOR

you could trust in an emergency.



USE A PEEPHOLE

to identify callers. Ask service men for identification. If in doubt, don't let anyone in.



IF YOU LET SOMEONE IN BY MISTAKE

pretend you're not alone, e.g., mention a husband asleep.



VARY YOUR ROUTINE

a little each day. Remember: most rapes are planned.



LEAVE A LIGHT ON

when you go out. Make sure all entrances are lighted.



DON'T GET ON AN ELEVATOR

if you think a man is waiting for you. If you're "trapped," push all buttons, get off at next stop.



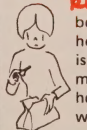
BEWARE OF PLACES

where men might hide: under stairs, in doorways, etc.



HAVE YOUR KEYS READY

before you get home. If someone is watching you, make a detour, so he won't find out where you live.



2 WHEN WALKING



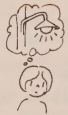
WALK AT A STEADY PACE.

Look like you know where you're going. Don't pass through groups of men.



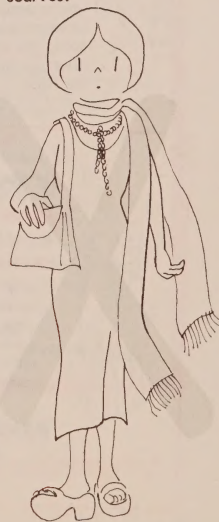
PLAN YOUR ROUTE

in advance. Avoid dark, lonely places. Keep away from doorways, alleys, unlit parking lots.



DRESS FOR FREEDOM OF MOVEMENT

— no long, confining skirts; clogs, platform shoes, tight pants; easy-to-grab capes, long necklaces or scarves.



DON'T WALK ALONE

if you're depressed, exhausted, drunk or high.



IF YOU'RE FOLLOWED,

get away fast. Change direction. Head for open theaters, restaurants, stores, etc..



SCREAM

if you think you're in danger. Yell; keep yelling.



IF YOU NEED HELP

in a hurry, break a window in a lighted house rather than ring the bell.



KEEP YOUR ARMS FREE

or be prepared to drop bundles and run.



CARRY A WHISTLE

or buzzer to use if you're threatened.



IF YOU'RE WAITING

for a bus or a ride, stand balanced, keep hands free.



DON'T ACCEPT RIDES

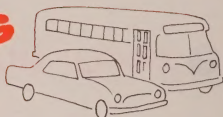
from strangers. If a driver asks directions, don't get too close to the car.





HOW TO PROTECT YOURSELF AGAINST RAPE (cont.)

3 WHEN DRIVING or RIDING



LOCK YOUR CAR



when you park it and when you drive. Keep windows rolled up high.

CHECK BACK SEAT



of car every time before you get in. Someone could be hiding there.

ARRANGE FOR RIDE



with friends, whenever possible.

LOOK ALERT



Stay awake on busses, subways. If you're unsure of where you're going, ask the driver, sit near the front.

ON THE SUBWAY,



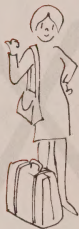
avoid getting into empty cars. If you get out at a lonely spot, leave quickly, by the nearest exit.

TAKE A CAB



if you go out at night. Ask the driver to wait until you're safely inside the building.

IF YOU MUST HITCHHIKE--



NEVER HITCH -- alone, at night, in deserted places.

TAKE RIDES

-- only from women or older couples if possible. Refuse rides from a group of men, speedsters, drunks, someone who changed direction to pick you up.

BEFORE GETTING IN -- ask driver his destination before telling him yours. Check back seat to see if anyone is hiding. Make sure inside door handle on your side works.

WHILE RIDING -- keep your hand on door handle. If trouble starts, yell, grab wheel, break things, make a scene.

REMEMBER: HITCHHIKING IS DANGEROUS!

Never do it unless you absolutely must.

Should I carry a WEAPON?

...IT'S BETTER **NOT TO**,

unless you have been trained to handle and use weapons. Guns and knives can easily be taken away and used against you.



CAUTION:
These can also
be turned against
you!

Some improvised "LEGAL" WEAPONS

(use them only to help
you get away)

- **LIGHTED CIGARETTE**
Smash in face or hand of attacker. 
- **PLASTIC LEMON**
Fill with ammonia; aim for eyes (will spray up to 15 feet). 
- **UMBRELLA**
With both hands, jab neck or stomach; don't swing wildly. 
- **HAT PIN**
Carry in hand or pinned to clothes within easy reach; strike in area of face. 
- **KEYS**
Carry between fingers in closed fist; rake across eyes. 

The **BEST** defense is to use your NATURAL WEAPONS!



IF YOU ARE ATTACKED...

USUALLY a rapist expects a timid or passive reaction. Yelling, hitting, biting, poking eyes, kicking often gives a victim a chance to escape if done instantly. But an active reaction may lead to further harm. Be realistic about your ability to protect yourself.



PASSIVE resistance may be advisable if your life is in clear danger. Vomiting, urinating, telling the attacker you are diseased or menstruating may stop him or give you a chance to escape.



Don't try to **DEFEAT** him --
just **GET AWAY** as fast as you can!

TAKE A COURSE IN **SELF-DEFENSE***



* Offered at many colleges,
women's centers, YWCA's.

-- Learn simple methods of self-protection that don't require much training or strength. Knowing SELF-DEFENSE can help you to overcome fear, develop confidence.

IF YOU ARE A RAPE VICTIM

in spite of your efforts --
try to **REMAIN CALM**
--use your head.



GET HELP

- **TELL THE FIRST PERSON YOU MEET**
 - point out the rapist if he's still around; remember whom you've told, exactly what you've said (for later testimony).
- **CALL A WOMAN FRIEND** for support; ask her to accompany you to hospital or police.
- **OR CALL A LOCAL RAPE CRISIS CENTER**
for information on what to do, where to go.



DECIDE if you want to report to police.

- **IF YOU DO**
 - Don't douche, bathe, or change clothes -- you'd destroy evidence.
 - Go to a hospital. A physical exam is necessary to prove rape -- and to determine what injuries you have.
 - If the hospital does not routinely report rape, call the police right away. See page 14 →
- **IF YOU DON'T**
Do get medical help as soon as possible from doctor, clinic, or hospital. See pp 12, 13 →

You should realize--
**the LESS rape is
REPORTED...**

**the MORE
it will occur
!**



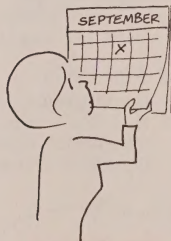
Your
**IMMEDIATE
CONCERNS**
will probably be

--MEDICAL



**VENEREAL
DISEASE (VD)**

The hospital will check to see if you had V.D. BEFORE the rape. To find out if you contracted V.D. AT THE TIME of the rape, get a gonorrhea test one week later; a syphilis test six weeks later.



PREGNANCY

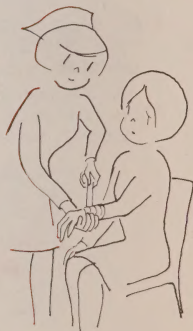
To prevent pregnancy, the hospital may offer you:

- "MORNING AFTER" PILL: 5-day treatment of estrogen (female hormones); causes severe reactions in some women.
- MENSTRUAL EXTRACTION: a new method, less traumatic than the "pill" or abortion.
- ABORTION: if pregnancy is proven by a test taken not less than 2 weeks after first missed period following the assault.



INJURIES

The hospital will treat any bruises or internal injuries you have received; will probably give you tranquilizers to calm your emotions.





--EMOTIONAL

You will have to cope with **STRONG NEGATIVE FEELINGS**
 --realize that they're normal reactions to being raped.

AT FIRST--

- **CONFUSION**
(about what happened, what to do)
- **SHAME**
(feeling abused, degraded)
- **FEAR**
(of further violence from the rapist)

THEN--

- **ANGER**
(at world in general)
- **HELPLESSNESS**
(“my life’s out of control”)
- **GUILT**
(“was it my fault?”)
- **DIRTINESS**
(feeling damaged)
- **WORTHLESSNESS**
(loss of self-respect)
- **ISOLATION**
(feeling “different”)
- **DISTRUST**
(of everyone)
- **FEAR**
(of another rape)



TALKING TO A CLOSE FRIEND

should, in time, help you overcome these feelings.

BUT--

IF TROUBLE PERSISTS IN...

- expressing affection
- relating sexually
- relating to your family, etc.

GET HELP!

Your hospital or Rape Crisis Center can refer you to a counselor or a discussion group.

DON'T HIDE...



the fact that you've been raped.
 Close friends and relatives whom you can trust to support you should be first to know.

When REPORTING TO POLICE



- Go as you are.
- Bring another woman for support.
- Speak to a policewoman if possible.
- Report the assault **RIGHT AWAY!**
...delay makes it easier for a rapist to escape conviction. Give as many facts as you can recall.

THE POLICE WILL NEED EVIDENCE OF:

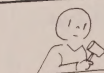
- A SEXUAL ACT -- e.g., from semen on your clothing
- FORCE or VIOLENCE -- e.g., they may take photographs of bruises, cuts
- RESISTANCE -- verbal and/or physical

NOTE:

Some police departments have special police who are trained to provide sensitive treatment to rape victims.

ABOUT FILING CHARGES:

- You do not have to file charges. But at least give all possible information to the police, so the rapist can eventually be caught.
- Going to court will cost you **NOTHING** if you have the District Attorney prosecute your case.
- There will be some newspaper coverage, but victim's name is usually omitted.



IN COURT -- your testimony will center on:

YOUR ACTIONS
immediately afterwards;
who you told about it;
when you reported it.

EVENTS LEADING UP
to the assault; where and when you met the rapist; what you were doing, saying, before it happened.

THE RAPE ITSELF
complete description of everything that happened

FORTUNATELY -- many states have passed new rape laws that help make it easier for women to prosecute rapists.

So--

FOR YOUR OWN SAKE...

Know WHAT STEPS TO TAKE to avoid being raped and WHAT TO DO if you are.

FOR OTHERS' SAKE

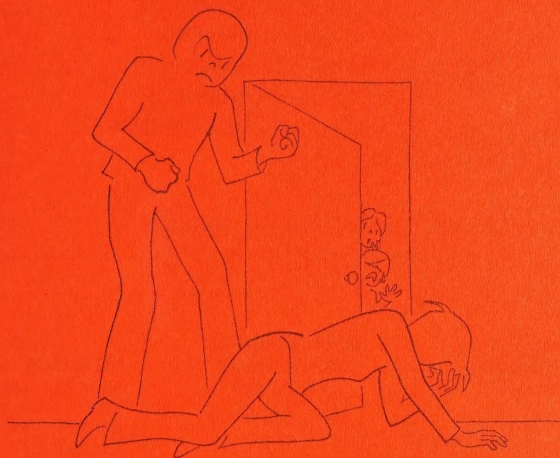
- **ENCOURAGE** other women to use rape prevention tactics.
- **DISCOVER** your local Rape Crisis Center.
- **ENCOURAGE** the reporting of all sex crimes.



...AWARENESS
...PRECAUTION
...INVOLVEMENT

Your **BEST**
WEAPONS
against rape!

ABOUT WIFE ABUSE



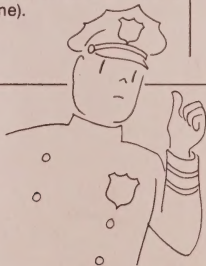
What is
**WIFE
ABUSE**
?

... it's the
**PHYSICAL
MISTREATMENT
OF A WOMAN**
by her husband
or ex-husband or
even male companion.

WIFE ABUSE--

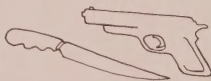
involves PHYSICAL CONTACT

-- slaps, shoves, blows
intended to do harm (not
threats, shouts or insults
alone).



often involves a DANGEROUS WEAPON

-- knife, gun, tool or
heavy object.

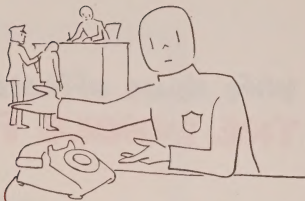


is a
SERIOUS CRIME
under the laws of every
state -- but is rarely pro-
secuted or punished.



It's a **VICIOUS CYCLE OF VIOLENCE**
that can injure, cripple and sometimes kill.
**...AND IT WILL GET WORSE UNLESS
THOSE INVOLVED GET HELP!**

Wife abuse is considered to be the **MOST COMMON UNREPORTED CRIME** in America today.



Authorities estimate

- **ONLY ONE IN TEN** episodes of abuse is reported to police.
- **HALF OF ALL MARRIAGES** involve at least one episode of violence between spouses.
- **15-28 MILLION WOMEN** are repeatedly abused, and many of these suffer serious physical harm.

And
ABUSE OCCURS EVERYWHERE

-- in suburbs, rural areas, inner city neighborhoods, among families of all backgrounds, religions, incomes.



THE EFFECTS OF ABUSE ARE SERIOUS

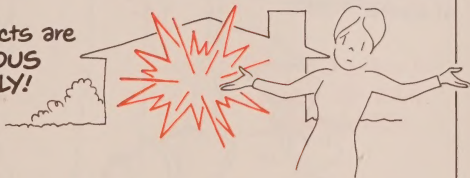
For society

Violent families are breeding grounds for problems such as juvenile delinquency, alcoholism, drug abuse.

For the police

Investigations of domestic violence are a leading cause of police killings.

...but the effects are **MOST SERIOUS** for the **FAMILY!**



Wife abuse affects **THE WHOLE FAMILY**

WOMEN are the primary victims

They suffer--

PSYCHOLOGICAL HARM

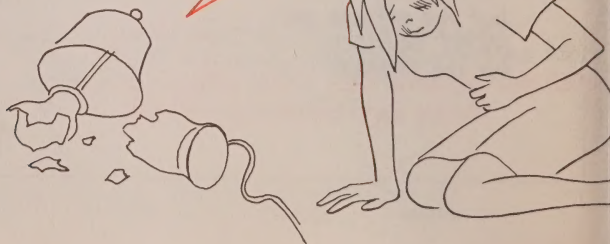
This includes misery; anxiety; constant fear of attack; feeling of being trapped in an unpredictable, painful situation; shame due to feeling of self-blame.

PHYSICAL HARM

It can be severe, sometimes causing crippling, blindness, loss of teeth, broken bones.

DEATH

There are many husband/wife murders each year which result from episodes of abuse.



CHILDREN suffer, too

For example --

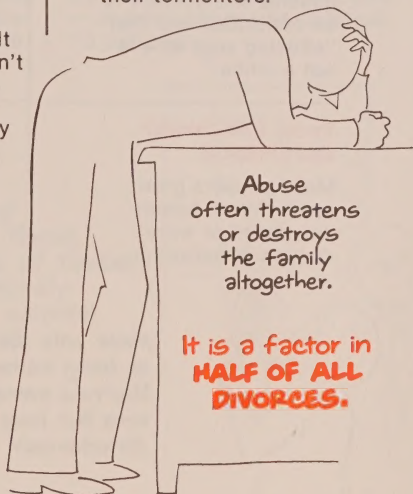
- When a pregnant woman is abused, child may be born with birth defects, retardation, etc., or the mother may suffer a miscarriage.
- Wife abusers may be more likely than others to abuse their children, too.
- Emotional and psychological illness can result even when children aren't physically hurt.
- Children of abusers may become violent adults, repeating the pattern.



MEN who abuse also suffer

For example --

- Most wife abusers feel guilt and shame for their actions. These men allow themselves to be controlled by their violent, destructive impulses.
- Women who have endured years of abuse may suddenly fight back with a deadly weapon, harming or killing their tormentors.



Abuse
often threatens
or destroys
the family
altogether.

It is a factor in
**HALF OF ALL
DIVORCES.**

WHY do some men abuse their wives ?

The causes of abuse are very complex, but most abusers are likely to share these traits--

POOR SELF-IMAGE

Many are insecure about their worth as breadwinners, fathers, sexual partners; many have police records.

FEAR OF CHANGE

A move, wife's new job or pregnancy, etc. may cause stress to which husband reacts with violence.

STEREOTYPED VIEW OF WOMEN

They may think that wives should be submissive and content to be controlled and that "abusing your wife is not a crime."

LACK OF COMMUNICATION

Spouses shout instead of discussing thoughts and feelings; the husband denies the problem, refuses to accept help.

POOR CHILDHOOD EXPERIENCE

Many abusers grew up in violent homes, witnessed or were victims of battering.

ECONOMIC PRESSURE

Abusers are usually employed, but their jobs are sometimes less secure or lower paying than they'd like.



Most wife abusers are not identified as being seriously mentally ill. Many seem like "nice average guys" much of the time but have hidden emotional disturbances.

Wife abuse usually **FOLLOWS A PATTERN**

A typical incident involves--

A MINOR TRIGGERING EVENT

Something small such as a quarrel over TV or food, or some other disagreement, releases violent emotions.

NO WITNESSES

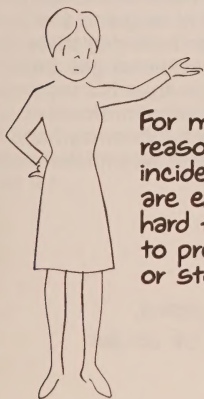
Most abuse occurs at night or over the weekend, when the husband is tired, edgy. He's generally careful to make sure there are no witnesses.

UNREASONABLE ANGER

After the attack starts, nothing the wife does can stop it. She usually can't reason with the abuser or get him to snap out of his rage by apologizing for her "mistakes."

ALCOHOL/DRUG ABUSE

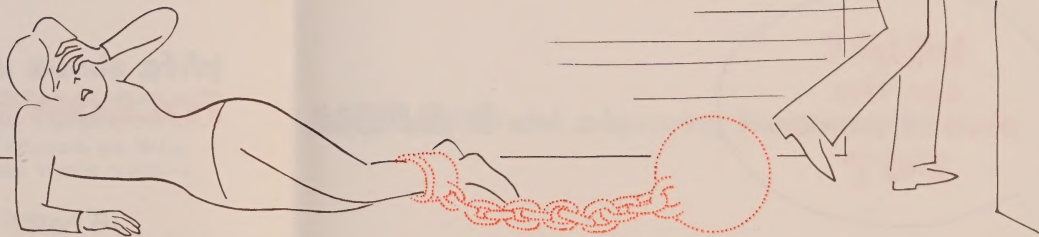
It is present in many violent families. The husband may drink before he attacks his wife — or drink afterwards to forget his behavior.



For many reasons, these incidents of abuse are extremely hard for women to prevent or stop.



Why
does abuse
CONTINUE
?



Many women get **TRAPPED** in an abuse cycle due to--

PERSONAL FEELINGS

FEAR

Abused women know from experience that attempts to resist or complain will provoke worse violence. They often receive little or no protection from authorities.

SHAME

The abused wife often feels degraded and worthless. She fears exposure of the violence in her relationship, her "failure" as a wife and mother — even to friends, relatives, doctors, etc.

SOCIAL and ECONOMIC PRESSURES

ISOLATION

Many battered wives have no job, few friends, little support from relatives, few financial resources. They may not even realize that things could be better.

FAMILY PRESSURE

Many battered women feel their children need a father in the house. They may also come from families that disapprove of divorce or separation under any circumstances.

LOW SELF-ESTEEM

Wives who stay trapped in abusing marriages are often passive and emotionally dependent. They've been brought up to believe that women are weak, inferior and should submit to men in return for financial support.

HOPE

The abused wife usually loves her husband and goes on believing that things will change. She wants to trust his promises that he'll reform, although this rarely happens without professional help.

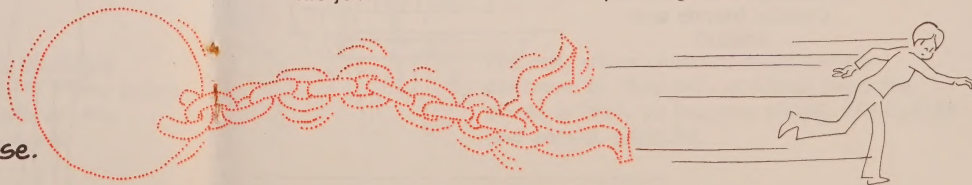
FINANCIAL DEPENDENCE

The typical battered wife married young and has several children. If she leaves, she fears that she can't earn enough for herself and the children. If she has her husband arrested, he may lose his job.

OFFICIAL ATTITUDES

Society generally ignores wife abuse or blames the victim for "provoking" or accepting violence. Officials (court officers, police, etc.) often urge battered women to "forgive and forget" to keep the family together.

Most battered women suffer **REPEATED ATTACKS**, usually for years, before they try to break the cycle of abuse.



WHAT can the abused woman DO?

...she has 2 BASIC

STAY IN THE MARRIAGE
while trying to make basic improvements.

TRY TO COMMUNICATE

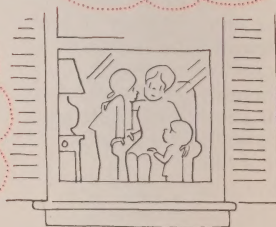
with her husband. Sharing expectations, ideas, fears can be the first step. If the husband wants to change, they can work together to reshape their relationship.

GET COUNSELING

through a mental health or woman's center, legal aid society or private therapist. Someone experienced with domestic violence may help the husband control violent impulses, help the family deal with psychic wounds of abuse and help the wife protect herself against violence.

HELP CHILDREN

understand — but not accept — the problem. They should realize violence is wrong and must be stopped. She should encourage them to seek outside friends and support.



PTIONS for improving her situation.

LEAVE THE MARRIAGE

to build a new life for herself and her children.

PLAN AHEAD

and think about options.

She should finish her education, if incomplete, and line up job training and employment contacts to help support herself.

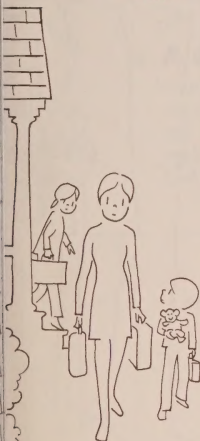
ESTABLISH A RECORD

of abuse. If police are called, she should ask them to file a written report. If medical attention is required, she should record the names of emergency room staff who handle the case.

SEEK HELP

from the nearest women's group, hotline, etc. They'll help her find the nearest emergency shelter for herself and her children.

The only other choice is to let things continue as they are...in which case the abuse is likely to become **MORE FREQUENT** and **MORE SEVERE**.



What can
SOCIETY do
?

...wife abuse is a
wide ranging

LEGAL CHANGES

POLICE

Needed are: training programs for dealing with family violence, including crisis intervention techniques; legal guidance for fully informing battered women of their rights; fuller coordination with other agencies trying to protect and help victims; encouragement to arrest or charge the batterer when he breaks the law.

COURTS

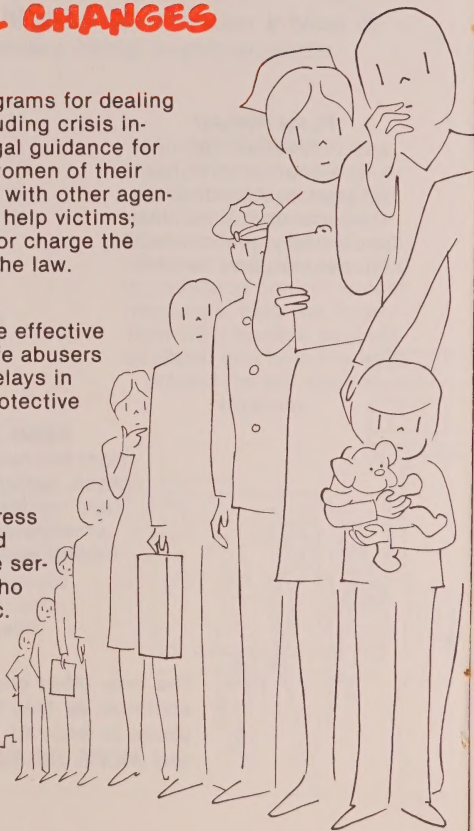
Quicker, simpler and more effective procedures to restrain wife abusers would cut red tape and delays in getting restraining and protective orders, peace bonds, etc.

LAWYERS

Court prosecutors should act quickly when wives press criminal charges; legal aid programs should increase services to battered wives who seek divorce, custody, etc.

THE LAW

Stronger, more effective laws governing wife abuse are needed in some states.



widespread social problem that requires solutions. Here's what's needed--

ATTITUDE CHANGES

• GREATER SENSITIVITY

This is needed to deal more effectively with both wife abuse and violence in general. High levels of violence in our culture help make abuse seem acceptable. Stereotyped views of women and marriage also need to be changed.

• A SENSE OF RESPONSIBILITY

Wife abuse and the suffering, delinquency and crime it breeds are everyone's problem. If you know a troubled family, listen, offer advice, help the children.

• A COMMITMENT TO ACTION

Join volunteer groups that provide practical help: women's, church and service organizations that run hot lines, emergency shelters, court monitoring services, etc. Support police efforts to combat domestic violence.

No one--public official or private citizen--should accept abuse as "natural," "unimportant" or "temporary." The longer it continues, the more severe it gets, and the **HARDER THE CYCLE IS TO BREAK.**

EMERGENCY ACTION

Here's what
an abused
woman
should
do --



GET AWAY

Have an escape route prepared — a place you and your children can go and a way to get there. Bring important documents such as birth certificates, medical records, etc. Know how to contact an appropriate hotline or social service agency.



CALL POLICE

Call immediately if you're the victim or witness of abuse. Or ask a neighbor to call. Get the names and badge numbers of the officers who answer the call, in case pressing criminal charges becomes necessary.



GET MEDICAL ATTENTION

See a doctor whether or not you contact the police or press charges. Neglected injuries can cripple or kill. Have photographs taken as an aid to getting further legal protection.





Soo--

WIFE ABUSE CAN BE PREVENTED IF EVERYONE HELPS...



✓ **ABUSED WOMEN**

must report and prosecute repeated assaults.

✓ **MEN WHO ABUSE**

must face the seriousness of their action and seek the help they need.

✓ **POLICE**

must find ways to act quickly and effectively to protect abused women.

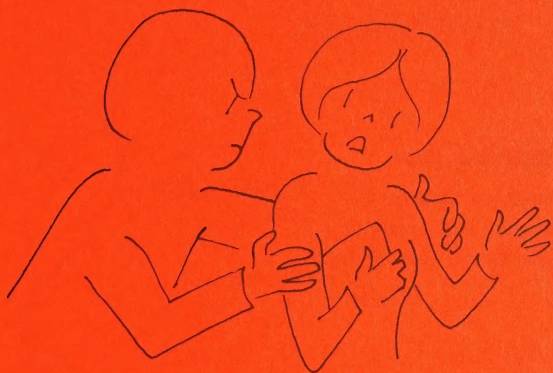
✓ **THE PUBLIC**

must learn about and help the victims of marital violence.

... **BECAUSE**
WIFE ABUSE
HURTS EVERYONE.

What every woman should know

ABOUT RAPE



WHAT IS RAPE ?

...It's the
**UNIVERSAL CRIME
AGAINST WOMEN**

-- A SEXUAL ACT

committed against a
woman's will, involving
the threat or use of force.

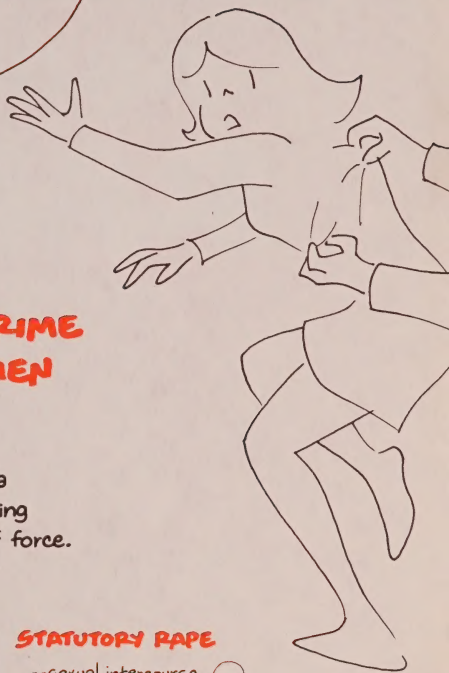
ATTEMPTED RAPE

--an assault on
a woman in which
sexual intercourse
is intended but
does not occur.



STATUTORY RAPE

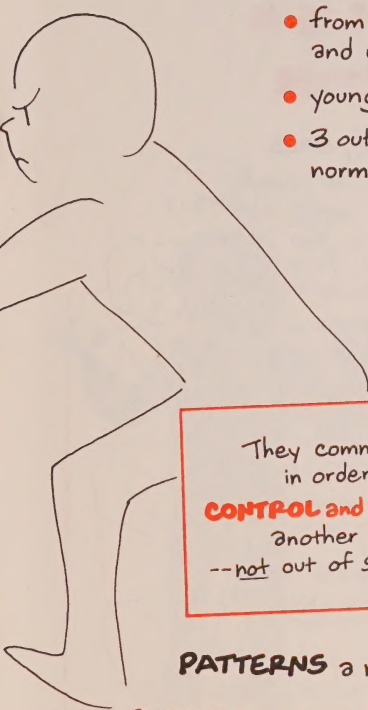
--sexual intercourse
with a girl under
the age of consent
(usually 16) with
her consent.



MEN WHO RAPE ARE

- from all walks of life and ethnic backgrounds.
- young -- more than half under 25.
- 3 out of 5 married, leading normal sex lives.

**RAPISTS
ARE CRIMINALS!**



They commit rape
in order to
CONTROL and HUMILIATE
another person
-- not out of sexual desire.

Often they're
REPEATERS
-- they've raped
before and will
again.

PATTERNS a rapist uses:

SURPRISE ATTACK

-- suddenly assaulting a woman who's a stranger to him.

AFTER INITIAL CONSENT

to sexual relations by the victim, who changes her mind. He then uses force to have sex with her.

MARKED VICTIM

-- assaulting a woman he's acquainted with in some way -- often someone who feels there's no reason to fear him.

YOU should **BE CONCERNED**
about rape because

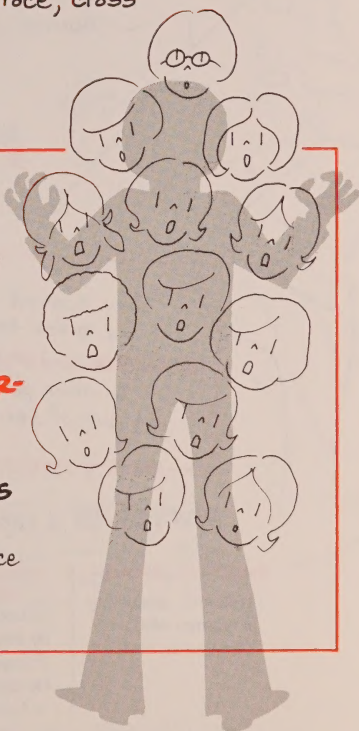
EVERY WOMAN IS A POTENTIAL VICTIM

- regardless of age, race, class
- anytime
- anywhere

IN THE LAST
5 YEARS,
rape has increased by
37%.

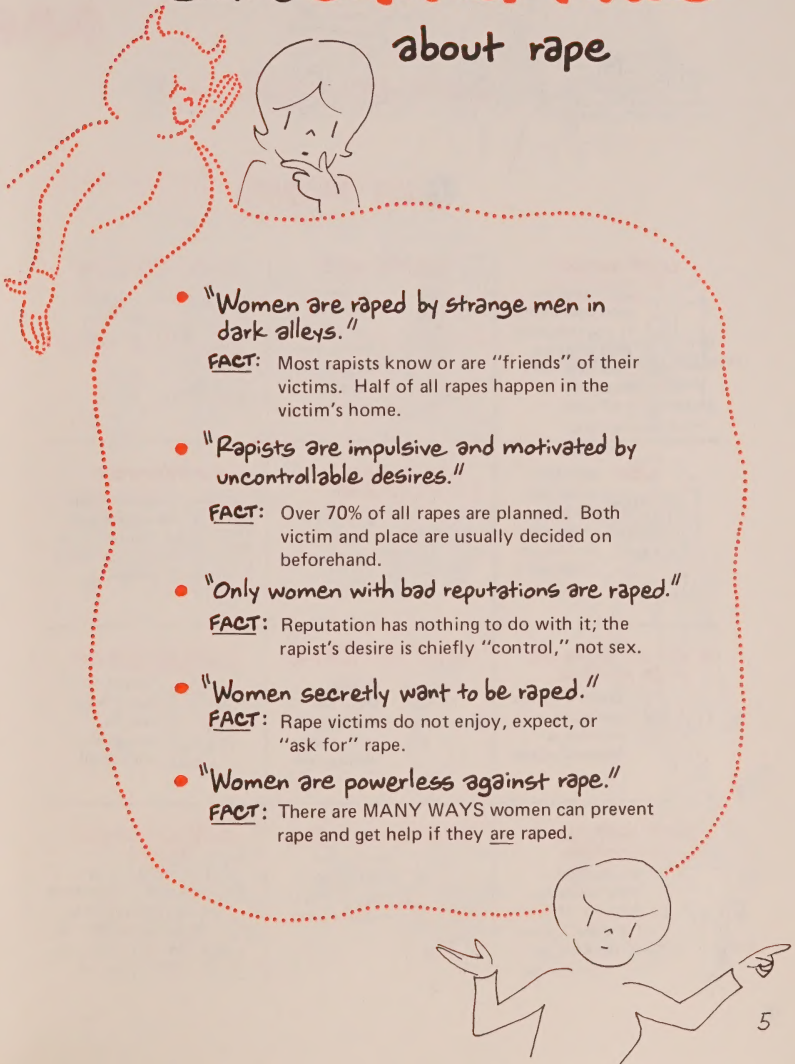
It's also the **MOST
SERIOUSLY UNDER-
REPORTED** crime.

- It's estimated that
as many as **10 RAPES
OCCUR** for **EVERY
1 REPORTED** to police
or hospital.



Some **COMMON MYTHS**

about rape

- 
- "Women are raped by strange men in dark alleys."

FACT: Most rapists know or are "friends" of their victims. Half of all rapes happen in the victim's home.

- "Rapists are impulsive and motivated by uncontrollable desires."

FACT: Over 70% of all rapes are planned. Both victim and place are usually decided on beforehand.

- "Only women with bad reputations are raped."

FACT: Reputation has nothing to do with it; the rapist's desire is chiefly "control," not sex.

- "Women secretly want to be raped."

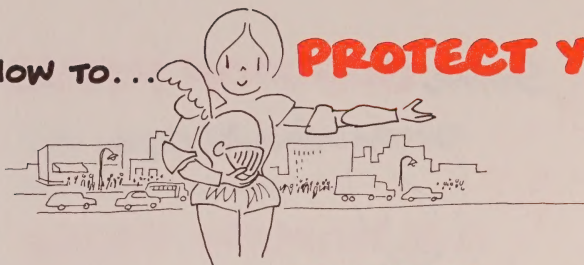
FACT: Rape victims do not enjoy, expect, or "ask for" rape.

- "Women are powerless against rape."

FACT: There are MANY WAYS women can prevent rape and get help if they are raped.

HOW TO...

PROTECT YOURS RAP



1 AT HOME

LOCK DOORS



and windows with heavy bolts. If you lose your keys or move, have new locks installed.

INSTALL BARS



or gates on windows next to fire escapes or on ground floor.

HANG CURTAINS



or blinds on every window.

LIST



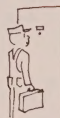
only first initial and last name on mailbox, on door, in phone book.

GET TO KNOW A NEIGHBOR



you could trust in an emergency.

USE A PEEPHOLE



to identify callers. Ask service men for identification. If in doubt, don't let anyone in.

IF YOU LET SOMEONE IN BY MISTAKE



pretend you're not alone, e.g., mention a husband asleep.

VARY YOUR ROUTINE



a little each day. Remember: most rapes are planned.

LEAVE A LIGHT ON



when you go out. Make sure all entrances are lighted.

DON'T GET ON AN ELEVATOR



if you think a man is waiting for you. If you're "trapped," push all buttons, get off at next stop.

BEWARE OF PLACES



where men might hide: under stairs, in doorways, etc.

HAVE YOUR KEYS READY



before you get home. If someone is watching you, make a detour, so he won't find out where you live.

SELF AGAINST E

2 WHEN WALKING

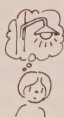


WALK AT A STEADY PACE.



Look like you know where you're going. Don't pass through groups of men.

PLAN YOUR ROUTE



in advance. Avoid dark, lonely places. Keep away from doorways, alleys, unlit parking lots.

DRESS FOR FREEDOM OF MOVEMENT

DON'T WALK ALONE



if you're depressed, exhausted, drunk or high.

IF YOU'RE FOLLOWED,



get away fast. Change direction. Head for open theaters, restaurants, stores, etc.

-- no long, confining skirts; clogs, platform shoes, tight pants; easy-to-grab capes, long necklaces or scarves.

SCREAM



if you think you're in danger. Yell; keep yelling.

IF YOU NEED HELP



in a hurry, break a window in a lighted house rather than ring the bell.

KEEP YOUR ARMS FREE



or be prepared to drop bundles and run.

CARRY A WHISTLE



or buzzer to use if you're threatened.

IF YOU'RE WAITING



for a bus or a ride, stand balanced, keep hands free.

DON'T ACCEPT RIDES



from strangers. If a driver asks directions, don't get too close to the car.





HOW TO PROTECT YOURSELF AGAINST RAPE (cont.)

3 WHEN DRIVING or RIDING



LOCK YOUR CAR



when you park it and when you drive. Keep windows rolled up high.

CHECK BACK SEAT



of car every time before you get in. Someone could be hiding there.

ARRANGE FOR RIDE



with friends, whenever possible.

LOOK ALERT



Stay awake on busses, subways. If you're unsure of where you're going, ask the driver, sit near the front.

ON THE SUBWAY,



avoid getting into empty cars. If you get out at a lonely spot, leave quickly, by the nearest exit.

TAKE A CAB



if you go out at night. Ask the driver to wait until you're safely inside the building.

IF YOU MUST HITCHHIKE--



NEVER HITCH -- alone, at night, in deserted places.

TAKE RIDES

-- only from women or older couples if possible. Refuse rides from a group of men, speedsters, drunks, someone who changed direction to pick you up.

BEFORE GETTING IN -- ask driver his destination before telling him yours. Check back seat to see if anyone is hiding. Make sure inside door handle on your side works.

WHILE RIDING -- keep your hand on door handle. If trouble starts, yell, grab wheel, break things, make a scene.

REMEMBER: HITCHHIKING IS DANGEROUS!
Never do it unless you absolutely must.

Should I carry a WEAPON?

...IT'S BETTER
NOT TO,

unless you have been trained to handle and use weapons. Guns and knives can easily be taken away and used against you.



Some improvised "LEGAL" WEAPONS

(use them only to help
you get away)

- **LIGHTED CIGARETTE**

Smash in face or hand of attacker.



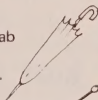
- **PLASTIC LEMON**

Fill with ammonia; aim for eyes (will spray up to 15 feet).



- **UMBRELLA**

With both hands, jab neck or stomach; don't swing wildly.



- **HAT PIN**

Carry in hand or pinned to clothes within easy reach; strike in area of face.



- **KEYS**

Carry between fingers in closed fist; rake across eyes.



The **BEST** defense is to use your NATURAL WEAPONS!



IF YOU ARE ATTACKED...

USUALLY a rapist expects a timid or passive reaction. Yelling, hitting, biting, poking eyes, kicking often gives a victim a chance to escape if done instantly. But an active reaction may lead to further harm. Be realistic about your ability to protect yourself.



PASSIVE resistance may be advisable if your life is in clear danger. Vomiting, urinating, telling the attacker you are diseased or menstruating may stop him or give you a chance to escape.



Don't try to **DEFEAT** him --
just **GET AWAY** as fast as you can!

TAKE A COURSE IN **SELF-DEFENSE***

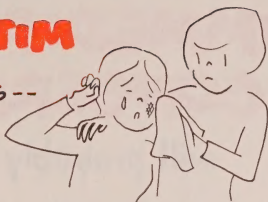


* Offered at many colleges,
women's centers, YWCA's.

-- Learn simple methods of self-protection that don't require much training or strength. Knowing SELF-DEFENSE can help you to overcome fear, develop confidence.

IF YOU ARE A RAPE VICTIM

in spite of your efforts --
try to **REMAIN CALM**
-- use your head.



GET HELP

- **TELL THE FIRST PERSON YOU MEET**
-- point out the rapist if he's still around; **remember** whom you've told, exactly what you've said (for later testimony).
- **CALL A WOMAN FRIEND** for support; ask her to accompany you to hospital or police.
- **OR CALL A LOCAL RAPE CRISIS CENTER**
for information on what to do, where to go.



DECIDE if you want to report to police.

- **IF YOU DO**
 - Don't douche, bathe, or change clothes -- you'd destroy evidence.
 - Go to a hospital. A physical exam is necessary to prove rape -- and to determine what injuries you have.
 - If the hospital does not routinely report rape, call the police right away. See page 14 →
- **IF YOU DON'T**
Do get medical help as soon as possible from doctor, clinic, or hospital. See pp 12, 13 →

You should realize--
**the LESS rape is
REPORTED...**

**the MORE
it will occur
!**



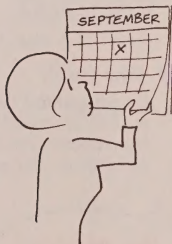
Your **IMMEDIATE CONCERNS** will probably be

--MEDICAL



VENEREAL DISEASE (VD)

The hospital will check to see if you had V.D. BEFORE the rape. To find out if you contracted V.D. AT THE TIME of the rape, get a gonorrhea test one week later; a syphilis test six weeks later.



PREGNANCY

To prevent pregnancy, the hospital may offer you:

- "MORNING AFTER" PILL: 5-day treatment of estrogen (female hormones); causes severe reactions in some women.
- MENSTRUAL EXTRACTION: a new method, less traumatic than the "pill" or abortion.
- ABORTION: if pregnancy is proven by a test taken not less than 2 weeks after first missed period following the assault.



INJURIES

The hospital will treat any bruises or internal injuries you have received; will probably give you tranquilizers to calm your emotions.





--EMOTIONAL

You will have to cope with **STRONG NEGATIVE FEELINGS**
 --realize that they're normal reactions to being raped.

AT FIRST--

- **CONFUSION**
(about what happened, what to do)
- **SHAME**
(feeling abused, degraded)
- **FEAR**
(of further violence from the rapist)

THEN--

- **ANGER**
(at world in general)
- **WORTHLESSNESS**
(loss of self-respect)
- **HELPLESSNESS**
(“my life’s out of control”)
- **ISOLATION**
(feeling “different”)
- **GUILT**
(“was it my fault?”)
- **DISTRUST**
(of everyone)
- **DIRTINESS**
(feeling damaged)
- **FEAR**
(of another rape)



TALKING TO A CLOSE FRIEND

should, in time, help you overcome these feelings.

BUT--

IF TROUBLE PERSISTS IN...

- expressing affection
- relating sexually
- relating to your family, etc.

GET HELP!

Your hospital or Rape Crisis Center can refer you to a counselor or a discussion group.

DON'T HIDE...



the fact that you've been raped.
 Close friends and relatives whom you can trust to support you should be first to know.

When REPORTING TO POLICE



- Go as you are.
- Bring another woman for support.
- Speak to a policewoman if possible.
- Report the assault **RIGHT AWAY!**
...delay makes it easier for a rapist to escape conviction. Give as many facts as you can recall.

THE POLICE WILL NEED EVIDENCE OF:

- A SEXUAL ACT -- e.g., from semen on your clothing
- FORCE or VIOLENCE -- e.g., they may take photographs of bruises, cuts
- RESISTANCE -- verbal and/or physical

NOTE:

Some police departments have special police who are trained to provide sensitive treatment to rape victims.

ABOUT FILING CHARGES:

- You do not have to file charges. But at least give all possible information to the police, so the rapist can eventually be caught.
- Going to court will cost you **NOTHING** if you have the District Attorney prosecute your case.
- There will be some newspaper coverage, but victim's name is usually omitted.



IN COURT -- your testimony will center on:

YOUR ACTIONS
immediately afterwards;
who you told about it;
when you reported it.

EVENTS LEADING UP
to the assault; where and when you met the rapist; what you were doing, saying, before it happened.

THE RAPE ITSELF
complete description of everything that happened

FORTUNATELY -- many states have passed new rape laws that help make it easier for women to prosecute rapists.

So--

FOR YOUR OWN SAKE...

Know WHAT STEPS TO TAKE to avoid being raped and WHAT TO DO if you are.



FOR OTHERS' SAKE

- **ENCOURAGE** other women to use rape prevention tactics.
- **DISCOVER** your local Rape Crisis Center.
- **ENCOURAGE** the reporting of all sex crimes.

...AWARENESS
...PRECAUTION
...INVOLVEMENT

Your **BEST**
WEAPONS
against rape!

ABOUT SUICIDE



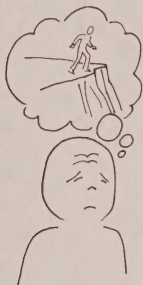
...and how YOU can help prevent it

What is **SUICIDE** ?

It's the
**DELIBERATE ENDING
OF ONE'S OWN
LIFE.**

The problem of suicide includes--

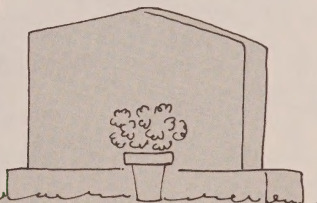
serious suicidal
thoughts or threats.



attempts to commit
suicide.

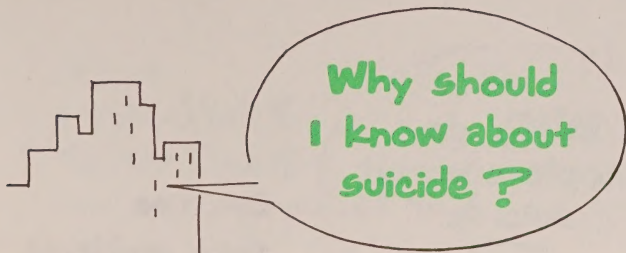


**IN AMERICA
TODAY--**



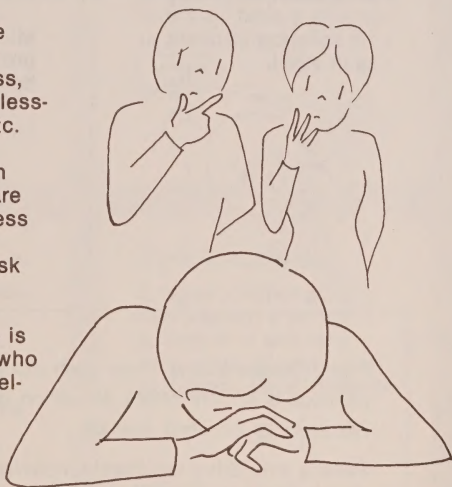
- 25,000-35,000 deaths are attributed to suicide each year.

- Young people (age 15-25) are attempting suicide more often.



Because **ANYONE** may be in a position to stop a person who is considering suicide.

- Most suicides and suicide attempts are reactions to intense feelings of loneliness, worthlessness, helplessness, depression, etc.
- People who threaten or attempt suicide are often trying to express these feelings -- to communicate and ask for help.
- With the help which is available to people who experience these feelings, many suicide attempts could be prevented.



LEARN THE FACTS.

Understand the warning signs and
BE PREPARED TO ACT in a crisis.

WHY do people commit suicide?

Because their problems seem overwhelming.

For example, people may commit suicide when

-- no solution or change is in sight.

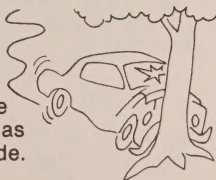


-- attempts to deal with problems fail or backfire.



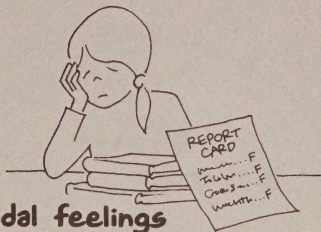
Many people cause their own deaths without a special crisis situation or conscious decision to commit suicide.

People who drive recklessly, heavily abuse drugs or alcohol, or ignore serious illnesses often do so because they suffer the same mental anguish as those who consciously commit suicide.



Some STRESSFUL SITUATIONS

that can trigger suicidal feelings



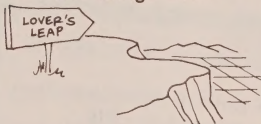
DEPRESSION

This is a leading cause of suicide. Depression may be caused by personal loss, heredity or body chemistry. Life seems unbearable; the person may lose interest in all activities and withdraw.



CRISIS/IMPULSE

Major life changes such as loss of an important person, job, etc.; or the heat of anger and frustration can lead people to attempt suicide before they have a chance to think things over.



OLD AGE/DISEASE

The prospect of increasing pain and suffering, as well as loss of independence, income and dignity, is frightening. Suicide may seem to be the best alternative.



DRUGS/ALCOHOL

Drug or alcohol abuse can weaken a person's self-control and lead to suicide attempts and self-destructive behavior.



Any combination of several of these situations at one time is especially dangerous.

WHO commits suicide ?

All kinds of people:
young and old, rich and
poor, male and female,
of all races and creeds.

SUICIDE ATTEMPTS

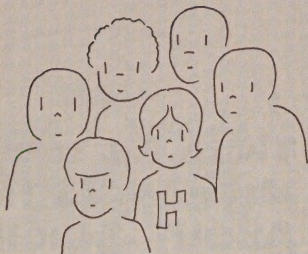
- More women than men attempt suicide.
- Women are most likely to use barbiturates, drugs or poison, rather than more violent means.
- Statistically, the characteristic suicide attempt is made by an adolescent girl or young woman with emotional problems.

COMPLETED SUICIDES

- More men than women actually kill themselves.
- Men are most likely to use a quick, violent means of suicide such as a gun, hanging, etc.
- Statistically, the highest suicide rate per capita is among older people age 85 and over.
- Tragically, the highest total number of suicides is among young people age 20-24.
- Anyone, at any age, can commit suicide.

SOME GROUPS

have special problems that can cause suicidal feelings.



ELDERLY

Loneliness, a major factor in suicide, is an especially serious burden for the elderly. Illness and financial hardship often contribute to the problem.

YOUNG ADULTS, COLLEGE STUDENTS

Many suffer from apathy, anger at a world they can't improve. They receive little guidance from old standards or family authority.

PROFESSIONALS, BUSINESS PEOPLE

Many outwardly successful people may in fact feel bitter or disappointed, cut off from their families, unbearably pressured but unable to take time off.

NATIVE AMERICANS

The suicide rate on some reservations is five times the national average. This reflects the poverty, disease and despair of life for many Indians today.

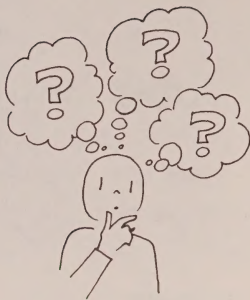
MINORITIES

Cultural differences, plus poor economic, social and family conditions often lead to severe problems, especially for those feeling trapped in ghettos.

CHILDREN

The suicide rate for young people age 5-14 has almost doubled in the past decade. Victims commonly have lost a loved one, and can't ask for or get adequate emotional support.

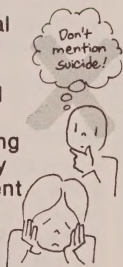
There are many **MISCONCEPTIONS** **ABOUT SUICIDE.**



Some common **MYTHS**

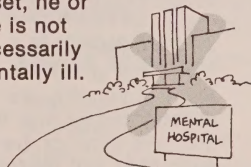
"Mentioning suicide may give a person the idea."

FACT: Suicidal people already have the idea. Don't be afraid to talk about suicide. Talking about it frankly can help prevent a person from acting on the idea.



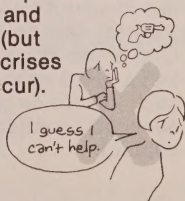
"All suicidal persons are mentally ill."

FACT: Although the suicidal person is extremely unhappy and upset, he or she is not necessarily mentally ill.



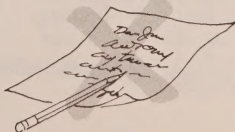
"Once people are suicidal, they're beyond help."

FACT: The crisis period only lasts for a limited time. The person can get help and improve (but suicidal crises can reoccur).



"It's not a suicide if there's no suicide note."

FACT: Only about one in four of those who actually commit suicide leave notes.





How does a suicide **AFFECT THE FAMILY** ?

In addition to the normal grief and hardship of losing a loved one, the family may experience--

GUILT



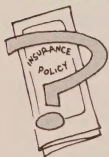
and shame for not having given the person enough support and love.

SOCIAL SCORN



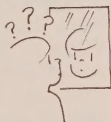
caused by the religious and cultural taboo against suicide. The family may pretend death was accidental to hide the truth.

FINANCIAL WORRIES



due to the loss of a breadwinner, difficulties collecting insurance.

APPREHENSION



due to fears that suicide runs in family. Other family members, especially young people, may fear they'll become suicide victims, too.

Emotions ranging from anger to depression are also common.

PSYCHOLOGICAL COUNSELING

is often necessary to help the families of suicide victims understand and deal with the serious emotional and practical crises that they experience.



HOW CAN YOU TELL if someone is thinking about committing suicide?

Most people
who commit
suicide give
clues to their
intentions.

Be alert for these
DANGER SIGNALS--



PREVIOUS ATTEMPTS

may mean that
the person is a
high risk to try
again.

THREATS

are followed by
suicide attempts
70% of the time.
Threats include
mentioning mys-
terious "long
trips," etc., as
well as overt
threats.

EXTREME DEPRESSION,

sadness, anxi-
ety, decline in
interest in work
and people once
enjoyed.

CHANGES IN PERSONALITY OR BEHAVIOR

such as sleep-
lessness; lost
weight, appetite
or sexual drive;
tendency to
withdraw.

PREPARATIONS FOR DEATH

such as making
a will, putting
affairs in order,
giving away per-
sonal posses-
sions, acquiring
means to com-
mit suicide (gun,
rope, etc.).

A SUDDEN LIFT IN SPIRITS

can mean per-
son is relieved
because prob-
lems will "soon
be ended."

Don't assume the situation will cure itself.
Suicide threats or attempts are almost
always a way of asking for **HELP** and **SUPPORT!**

3 WAYS TO HELP

a person who seems to be thinking about suicide



1 GIVE ACTIVE EMOTIONAL SUPPORT

SHOW

that you take the person's feelings seriously and wish to help.

LISTEN

to him or her -- ask concerned questions.

EXPLAIN

that with help and support, he or she can recover and enjoy good times again.

STAY CLOSE

until help is available or the risk has passed.

SOME "DON'TS"

Don't try to shock or challenge.

"Go ahead and do it."

Don't analyze the person's motives.

"You just feel bad because..."

Don't argue or try to reason.

"You can't kill yourself because..."

2 ENCOURAGE POSITIVE ACTION

aimed at relieving unhappy or troublesome situations.

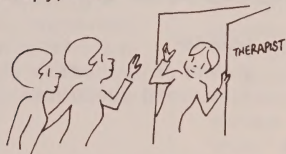


For example--



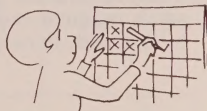
IMPROVE HOME ENVIRONMENT

If home life is a problem, suggest a strategy for improving it -- for example, couple or family therapy, etc.



KEEP BUSY, ACTIVE

Depressed people often become apathetic, inactive, and as a result grow more depressed and withdrawn -- a vicious cycle. A balanced schedule of work and recreation can help.



GET A CHANGE OF PACE

Even a temporary change of scene or activity can make a big difference. It's a chance to gain a new perspective on the situation.



GET SOME EXERCISE

Being good and tired from vigorous physical exercise helps a person relax, sleep better, look better and have a more positive outlook on life.



You can also help the suicidal person by suggesting that he or she--

TRY TO CHANGE THE SITUATION

Choose the course of action which seems most likely to resolve the stressful situation.



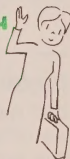
TALK THINGS OVER

Discuss the problem with those involved instead of holding feelings back.



TRY A NEW APPROACH

If all else fails, it may be best to avoid or leave an unchanging situation.



LEARN TO RELAX

Hobbies, sports, yoga, meditation, etc., can help the suicidal person learn to live with normal stresses.



3 SEEK PROFESSIONAL HELP

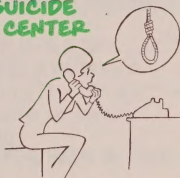
from any of these sources--

I know someone who can help!



CRISIS OR SUICIDE PREVENTION CENTER

provides emergency advice, help and referral.



MENTAL HEALTH CENTER

run by a hospital, community organization or independent agency may be available.



PHYSICIAN

can help personally or refer the person to someone else who can.



MENTAL HEALTH PROFESSIONALS

such as psychiatrists, psychologists, psychiatric social workers, mental health counselors, psychoanalysts or psychotherapists are specially trained to help people with emotional problems.

CLERGY

are often willing to devote a lot of time and involvement. They're good sources for referrals.



STATE and LOCAL MENTAL HEALTH ASSOCIATIONS

are also excellent sources of aid and advice.



SCHOOL COUNSELORS

are often especially sensitive to young people's problems.



CONTINUING PROFESSIONAL HELP
is especially important for anyone who has threatened or attempted suicide.

So...

In most cases,
**SUICIDE CAN BE
PREVENTED.**

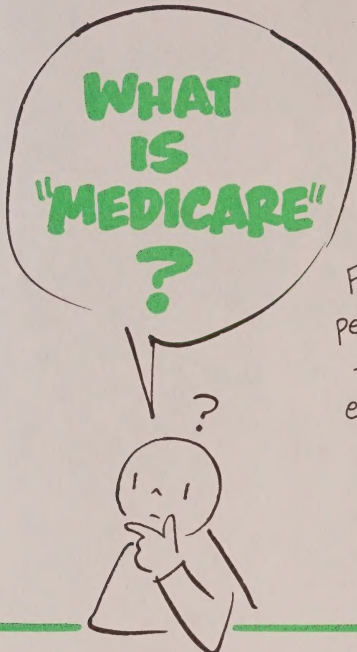


- **KNOW THE FACTS**
about suicide and
recognize its warning
signs.
- **BE A FRIEND**
to those in trouble and
help them find profes-
sional help.
- **VOLUNTEER TO WORK**
on a suicide hotline, at
a center, or for a similar
emergency service that
helps those in need.

Your concern can help save lives.

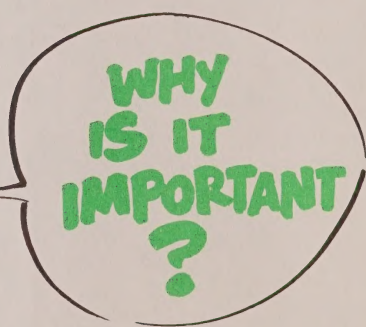
MEDICARE and You





WHAT
IS
"MEDICARE"
?

It's a broad program of Federal health insurance for people age 65 or over, and for many disabled people, established by Congress in 1965 via Social Security amendments.



WHY
IS IT
IMPORTANT
?

Because it helps these people pay hospital and doctor's bills, thus insuring the best possible health care in their old age or when they are disabled and can't work.

This **medicare** program is in

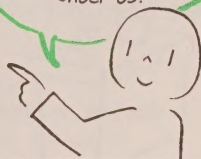
2 PARTS--

A. BASIC HOSPITAL INSURANCE

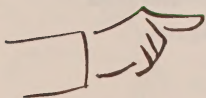


See pages
4 to 7

This coverage is
available to nearly
EVERYONE
65 or over and to many
disabled people
under 65.



B. VOLUNTARY MEDICAL INSURANCE



See pages
8 to 11

You
TAKE it
if you
WANT it!



A. BASIC HOSPITAL INSURANCE



Medicare covers care that is "reasonable and necessary" as determined by a committee of physicians called a Professional Standards Review Organization or a Utilization Review Committee.

What it **COVERS** and **PAYS**

HOSPITAL CARE up to 90 DAYS PER BENEFIT PERIOD.*



There is no limit to the number of 90-day benefit periods you can have.

There is a lifetime limit of 190 days on payments for treatment in mental hospitals.

1st 60 DAYS--insurance pays all except for first \$ 260

Next 30 DAYS--insurance pays all but \$ 65 a day.

PLUS 60 ADDITIONAL DAYS LIFETIME RESERVE--

insurance pays all but \$ 130 a day. (Once used, the 60 reserve hospital days cannot be replaced.)

SKILLED NURSING or REHABILITATIVE CARE in a Skilled Nursing Facility

(certified by Medicare) --

UP TO 100 DAYS PER BENEFIT PERIOD

after a hospital stay of at least 3 days, if you enter the skilled nursing facility within a limited period (generally 30 days) after leaving the hospital.

1st 20 DAYS-- insurance pays all.

Next 80 DAYS--insurance pays all but \$ 32.50 a day.



HOME HEALTH CARE by nurses, therapists and home health aides from an approved home health agency -- **UNLIMITED VISITS.**



If special conditions are met (check with home health agency) insurance pays full approved cost of visiting nurses, physical therapists and other health workers (but not doctors).

*A "BENEFIT PERIOD" begins when you enter hospital and ends when you have been out of hospital or skilled nursing facility for 60 consecutive days.

A. BASIC HOSPITAL INSURANCE (cont.)

HOW MUCH DOES IT COST?

You and your employer each contribute to a special "Hospital Insurance Trust Fund" to pay for this program. Employer will deduct your share and match it, for example



YEARS	WAGES SUBJECT to TAXATION up to	% DEDUCTION for hospital insurance	MAXIMUM YEARLY DEDUCTION for hospital insurance
1981	\$29,700	1.30%	\$386.10
1982	\$32,400	1.30%	\$421.20

Wages subject to taxation will increase automatically as the general level of wages rises across the country.



HOW DO I QUALIFY?

IT'S AUTOMATIC--

IF-- you are entitled to benefit checks from Social Security or railroad retirement at 65, or after you have been entitled to Social Security disability checks for 2 years.



YOU'LL GET INFORMATION BY MAIL A FEW MONTHS BEFORE YOUR 65th BIRTHDAY OR BEFORE THE 2 YEARS ARE UP, IF YOU ARE DISABLED.

BUT--IF you are not entitled to Social Security or railroad retirement payments at 65 or if you plan to continue working past 65 -- **THEN** -- you should get in touch with your local Social Security office or Railroad Retirement Board two or three months before your 65th birthday. People who need dialysis or a transplant for chronic kidney disease should also get in touch with a Social Security office for information about Medicare.



B. VOLUNTARY MEDICAL INSURANCE



--pays most of the bills for **COVERED** services of physicians and surgeons, as well as other items not covered by the basic hospital insurance.

NOTE: if you already have private hospital or medical insurance, don't cancel it till you've talked with your insurance agent.

What it **COVERS** and **PAYS**



-- this insurance pays **80%** of the approved * charge, as determined by SSA or its agent, for the following services each year -- except for the first **\$75**.

PHYSICIANS' and SURGEONS' SERVICES



whether services are received at home, in a hospital, or elsewhere. Also some limited services of chiropractors are covered. If you receive services of a physician in the field of Pathology or Radiology while in a participating or otherwise qualified hospital, insurance pays 100% of approved charges if the physician accepts assignment for all services he or she furnishes to inpatients.

HOME HEALTH SERVICES



-- unlimited visits under an approved plan. Insurance pays approved cost of covered services with no deductible. (Certain conditions must be met for you to qualify -- check with home health agency.)

OUTPATIENT HOSPITAL SERVICES



including x-rays and tests, your physicians' and hospital staff physicians' services, medical supplies and services.

OTHER MEDICAL and HEALTH SERVICES



including tests, surgical dressings, rental and purchase of medical equipment certain colostomy care supplies, outpatient maintenance dialysis treatments, outpatient physical therapy and speech pathology services, etc.

(For details ask for Social Security booklet,
"Your Medicare Handbook.")

* Your physician's bill may be higher than the "approved charges" set by Medicare. See "Your Medicare Handbook" or your local SSA office for explanation of the difference.

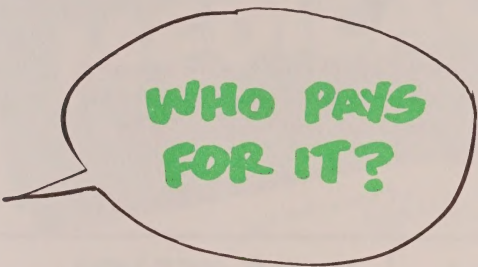


IF YOU TAKE IT --

it costs you
\$11.00 per month

(through 6/30/82)

B. VOLUNTARY MEDICAL INSURANCE (cont.)



WHO PAYS
FOR IT?

IF YOU TAKE IT
AT YOUR FIRST OPPORTUNITY--

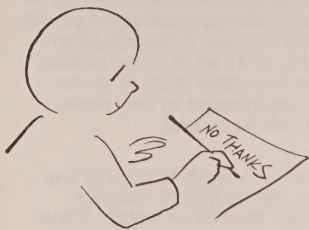
You pay \$11.00* per month, and the Federal Government pays at least that much out of general funds. The money is put into a special "Supplementary Medical Insurance Trust Fund."

Your \$11.00* per month will be DEDUCTED from your Social Security monthly check (or from your railroad retirement or civil service retirement check).

The \$11.00* deduction starts the month your coverage starts. If you do not receive monthly checks from any of the above sources, you make your monthly payment directly to Social Security.



* through 6/30/82



HOW AND WHEN DO I ENROLL?

When you become entitled to hospital insurance you will be automatically covered by medical insurance -- **UNLESS YOU SAY YOU DON'T WANT IT.**



YOU WILL GET INFORMATION IN THE MAIL A FEW MONTHS BEFORE YOU BECOME ENTITLED TO HOSPITAL INSURANCE -- WITH AN OPPORTUNITY TO DECLINE MEDICAL INSURANCE.

I'll
take
it.



IF YOU ARE ELIGIBLE AND HAVE NOT YET ENROLLED--

you can sign up during a general enrollment period -- January 1 through March 31 each year. Protection begins the following July. In this case, you may pay more than the basic premium -- **\$11.00** a month (through 6/30/82).

SOME QUESTIONS AND ANSWERS



What is included
in "HOSPITAL
BENEFITS"?

Insurance (after \$260 deductible) covers cost of room and board in semi-private room (2 to 4 beds), ordinary nursing services (not private duty), services of hospital technicians; and cost of drugs, supplies and most other items of service usually provided by the hospital for care of patients.

What if I haven't
worked long enough under
Social Security to be eligible
for hospital benefits?

When you reach 65 you can buy this protection on a voluntary basis. Premium is \$89 per month (through 6/30/82) and more if hospital costs rise. People who choose to buy hospital insurance must also enroll for medical insurance.

Do all
"Nursing Homes"
qualify under
this program?

No! Just skilled nursing facilities approved for Medicare which furnish professionally supervised medical services such as round-the-clock nursing service with a full-time registered nurse and a physician available for emergencies.

What does
"BENEFIT PERIOD" mean
for Hospital and Skilled
Nursing Home Benefits
?

It begins the first day you receive covered inpatient services in a hospital and ends after you have been out of a hospital or SKILLED nursing facility for 60 consecutive days.

What kind of
"HOME CARE"
is covered?

Includes part-time skilled nursing care, speech and physical therapy, etc., under plan worked out and periodically reviewed by a physician to meet patient's needs. If you need any of these services, Medicare may then cover occupational therapy, part-time home health aides, medical supplies and equipment, and medical social services.

They include practically all the services received in the Outpatient Department of a hospital, such as lab tests, x-rays, etc. You would not stay over-night at the hospital.

What are
"OUTPATIENT HOSPITAL
SERVICES"?
?

You can sign up during a general enrollment period. However, the longer you wait the higher the premium will probably be.

What if I don't
sign up now for
MEDICAL INSURANCE--
may I later?

Yes. You can choose your own physician. And Medicare helps pay for covered care in any hospital participating in the program.

Can you still
choose your physician
and hospital?

No, not for either program.

Are any physical
exams needed to be
eligible?

In this case, you may be able to get help from your state medical assistance program (Medicaid).

Suppose I can't
pay my part of
medical expenses
?

OTHER QUESTIONS ?

Call or visit your nearest Social Security office -- listed in the phone book under "Social Security Administration."
Or ask at your local post office for the address.

IMPORTANT

SERVICES NOT COVERED BY EITHER PLAN

- 1 **CUSTODIAL CARE**
--for personal needs
--doesn't require professional skills or training

- 2 **Routine PHYSICAL CHECK-UPS, HEARING EXAMS, DENTAL CARE**

- 3 **EYEGLASSES and EYE EXAMS** for prescribing, fitting or changing eyeglasses.

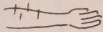
- 4 **HEARING AIDS**

- 5 **DENTURES**

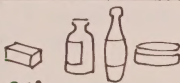
- 6 **ORTHOPEDIC SHOES**

- 7 **PRIVATE DUTY NURSES**

- 8 **PERSONAL SERVICES** in your hospital or skilled nursing facility room (telephone, Tv, etc.)
- 9 **NONREPLACEMENT FEES CHARGED FOR THE FIRST 3 PINTS OF BLOOD**
or packed red cells
-- per benefit period (under hospital insurance)
-- and per calendar year (under medical insurance)

- 10 **ACUPUNCTURE**


DRUGS



under HOSPITAL PLAN

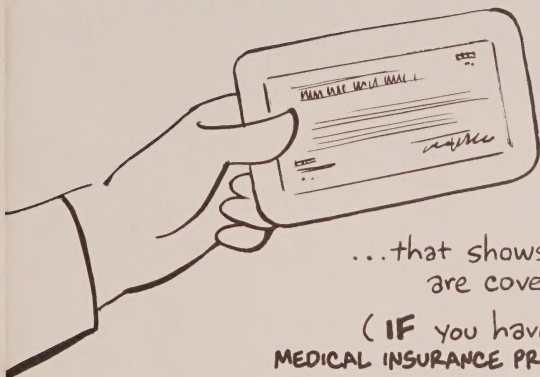
Drugs are covered if furnished to patient in hospital or skilled nursing facility.

under MEDICAL PLAN

Drugs that cannot be self-administered are covered if administered as part of a physician's professional services or as part of outpatient hospital services.

After you qualify for the hospital insurance program you will receive a

HEALTH INSURANCE CARD



...that shows you
are covered.

(**IF** you have
MEDICAL INSURANCE PROTECTION,
the same card will show you
have this protection.)

KEEP THIS CARD WITH YOU

and always show it to hospital, skilled nursing facility, home health agency, physician or other person providing services.

THE UNIVERSITY OF CHICAGO
LIBRARY

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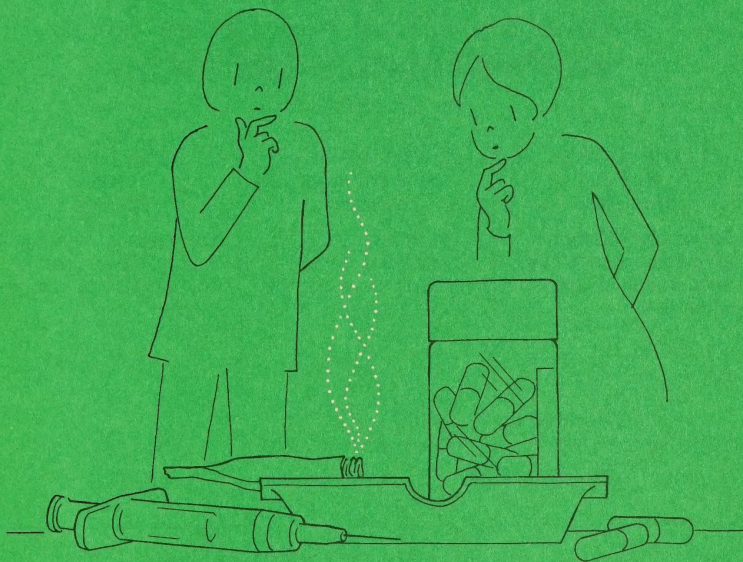
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What everyone should know

ABOUT DRUG ABUSE



What is **DRUG ABUSE** ?



It's using natural and/or
synthetic chemical substances for
NONMEDICAL REASONS
to affect --

THE BODY and its processes

For example, amphetamines are sometimes used to stay awake when tired.



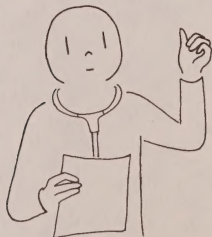
THE MIND and nervous system

For example, LSD is sometimes taken to experience a change in perception.

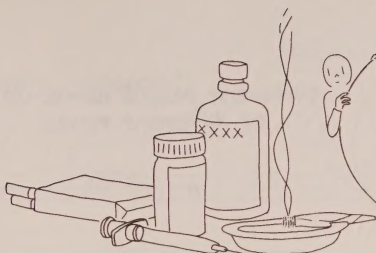


BEHAVIOR and feelings

For example, marijuana is sometimes used to change moods and get "high."

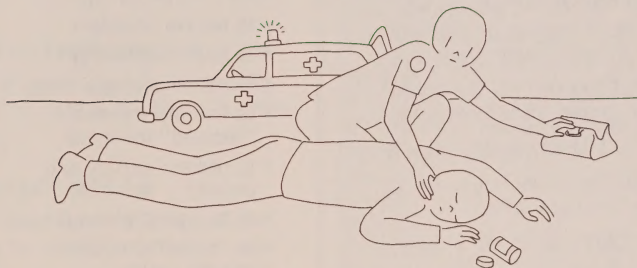


Drug abuse can affect a person's physical and emotional health and social life. Specific hazards of drug abuse differ from person to person, however.



**WHY
KNOW ABOUT
drug abuse
?**

Because drug abuse
can cause
SERIOUS HARM.



Today, almost everyone
is exposed to the temptation
to try drugs.



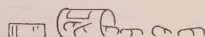
You should know the
REAL STORY about drugs:

- Why people use them.
- How they can affect your body, mind and behavior.
- How they can change your life.



WHY do people abuse drugs ?

Different people come up with
at different times.



different "reasons"

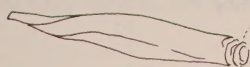


AT FIRST

many young people
EXPERIMENT with drugs.
Reasons include --

- **PEER PRESSURE** affects teens who don't want to be different from others in their group.
- **ADULT EXAMPLES** of alcohol/tobacco use, tranquilizers, etc.
- **TO FEEL GROWN-UP.**
- **TO REBEL** against parental values and authority.
- **CURIOSITY** about the effects.
- **FOR KICKS**, for something to do.
- **TO ESCAPE** emotional problems.
- **WIDE AVAILABILITY** of drugs today.

The **DANGER** with experimenting is that drugs can become an important part of daily life. They can also become a means of trying to cope with or avoid problems.



LATER - some people using drugs, either regular part

They may be trying --

- to relieve boredom
- to get more energy
- to obtain a drug's "high"
- to feel more creative, "expand" the mind
- to reduce anxiety and tension
- to feel good about oneself
- to "solve" problems, escape reality
- to help relate to people, be socially acceptable.



may decide to **CONTINUE**
occasionally or as a
of their life.

"SITUATION" USERS

use drugs on specific occasions,
such as to stay awake or to block
pain.

"SPREE" USERS

use drugs for "kicks" or adventure,
for a night or weekend, etc.



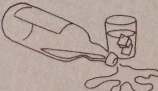
FINALLY

Some people come to
NEED drugs. Hard-core
users continue to take
drugs because:

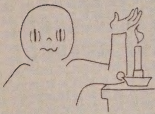
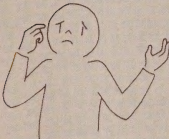
- They become physically and/or psychologically dependent on them.
- They fear the pain and difficulty of withdrawal.



Some commonly **ABUSED DRUGS**

TYPE OF DRUG (and effects)	NAME (and slang names)	POSSIBLE EFFECTS
STIMULANTS* speed up action of the central nervous system 	Amphetamines ("speed," "uppers," "bennies," "pep pills")	• Hallucinations may occur. • Tolerance, psychological and sometimes physical dependence can develop. • Continued high doses can cause heart problems, malnutrition, death.
	Cocaine ("coke," "snow," "flake") -- legally classified as a narcotic	• Confusion, depression, hallucinations may occur. • Tolerance and physical dependence can develop. • Nasal membranes may be destroyed. • Smoking may cause lesions in lungs.
DEPRESSANTS relax the central nervous system 	Barbiturates ("barbs," "goof balls," "downers," "blues")	• Confusion, loss of coordination, etc. may occur. • Tolerance, physical and psychological dependence can develop. • An overdose can cause coma, death. • Depressants taken in combinations or with alcohol are especially dangerous.
	Tranquilizers "Valium," "Librium")	
	Methaqualone ("soapers," "quads," "ludes")	
HALLUCINOGENS temporarily distort reality 	Lysergic acid diethylamide ("LSD," "acid")	• Hallucinations, panic may occur. • Tolerance develops. • Effects may recur ("flashbacks") even after use is discontinued. • Possible birth defects in users' children.
	Phencyclidine ("PCP," "angel dust") -- legally classified as a depressant.	• Depression, hallucinations, confusion, irrational behavior, etc. may occur. • Tolerance develops. • An overdose can cause convulsions, coma, death.
	Mescaline, MDA, DMT, STP, psilocybin	• Effects are similar to those of LSD.
ALCOHOL 	Don't be fooled by the fact that alcohol is not controlled in the same way that other drugs are. Long-term, heavy drinking is linked to heart and liver damage and other serious illnesses. Tolerance, physical and psychological dependence can develop.	

* Caffeine found in coffee and colas is a stimulant drug, but it's not controlled by law.

TYPE OF DRUG (and effects)	NAME (and slang names)	POSSIBLE EFFECTS
CANNABIS alters mood and perception 	Marijuana ("grass," "pot," "weed") Hashish ("hash")	• Confusion; loss of coordination; with large doses, hallucinations rarely occur. • Long-term use may cause moderate tolerance, psychological dependence. • Long-term use may cause damage to lung tissue.
NARCOTICS lower perception of pain 	Heroin ("H," "scag," "junk," "smack") Morphine ("M," "dreamer") Codeine Opium	• Lethargy, apathy, loss of judgment and self-control may occur. • Tolerance, physical and psychological dependence can develop. • An overdose can cause convulsions, coma, death. • Risks of use include malnutrition, infection, hepatitis.
DELIRIANTS cause mental confusion 	• Aerosol products • Lighter fluid • Paint thinner • Etc. ("inhalants")	• Loss of coordination, confusion, hallucinations may occur. • An overdose can cause convulsions, death. • Psychological dependence can develop. • Permanent damage to lungs, brain, liver, bone marrow can result.
NICOTINE 	The nicotine found in tobacco is a drug! Long-term cigarette smoking is linked to emphysema, lung cancer, heart disease. Physical and psychological dependence can develop.	

Abusing drugs can be

especially when they're taken in excess or for a long time,

Effects also depend on how long a drug is taken,



OVERDOSE*

An overdose can happen due to uncertain purity, strength or even type of drug you get illegally. It can also happen due to build-up of tolerance, when you need more and more of a drug to get the same effect.

- An overdose can cause psychosis, convulsions, coma, death.
- Certain combinations of drugs can be deadly -- for example, alcohol plus barbiturates.



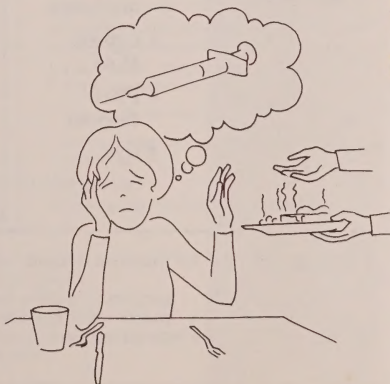
* A drug overdose requires IMMEDIATE MEDICAL TREATMENT.

IF YOU TAKE DRUGS,

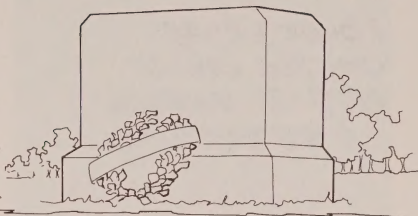
DEPENDENCE

Continued use of drugs can lead to a real psychological and/or physical need for them.

- Daily activities come to revolve around getting more drugs for the next "fix." All other needs, even basic ones such as food, become secondary.
- Withdrawal from drugs, without medical supervision, can be very difficult, painful and even dangerous.



DANGEROUS,
or in the wrong combinations.
user's personality, setting, etc.



YOU RISK --

ILL HEALTH

Long-term drug abuse can destroy a healthy body and mind.

- It can lead to organic damage, mental illness, malnutrition, failure to get treatment for existing diseases or injuries, death.
- Risk of hepatitis or other infection increases if drugs are injected.



ACCIDENTS

When drugs make you lose self-control, accidents can happen.

- You can become over-confident and take foolish risks. If you drive, you can injure or kill yourself or others.
- Unpleasant reactions during a "bad trip" can make you panic and act irrationally.
- You may try to do things beyond your ability and get hurt.



Abusing drugs can also cause **OTHER KINDS OF PROBLEMS.**



For example, if you abuse drugs, you could

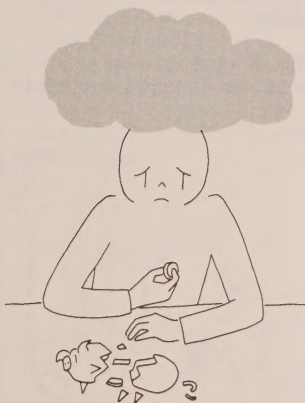
LEGAL PROBLEMS

- Drug abuse is against the law. Offenders (experimenters as well as hard-core users) risk heavy fines and/or imprisonment.
- Arrest can mean embarrassment, interruption of your life plans, a police record.
- Certain drugs can trigger uncontrollable violence, resulting in crimes which carry stiff legal penalties.



ECONOMIC PROBLEMS

- Continued use of drugs can be expensive, costing hundreds or even thousands of dollars a year. To support a habit, many users turn to crime.



SIGNS OF DRUG ABUSE

Watch for restlessness, excessive reflex action, "drunkenness," pinpoint or dilated pupils, drowsiness, talkativeness, irrational behavior. In addition, needlemarks on arms or possession of such things as needles and syringes, "roach" holders, water pipes may point to drug abuse.



face --

PERSONAL PROBLEMS

- Relationships can be disturbed or destroyed, and friendships lost, if you come to need drugs more than you need other people.
- You may stop being involved with the world, give up goals and plans, quit growing as a person, stop trying to work out problems constructively and turn to more drugs as a "solution."



And...when you
abuse drugs,
you can also
HURT OTHERS.

For example --

- Using money to pay for drugs instead of buying necessities for your family.
- Arguments and problems related to drug abuse can cause family disputes.
- Violent reactions to drugs can trigger assaults, even murder.
- If you're pregnant, abuse of drugs could threaten your baby's life or health. The newborn child can suffer physical dependence and withdrawal symptoms or even serious birth defects.



Do people who
abuse drugs need
HELP
?



In many cases,
outside help
(symptoms)

yes. Breaking the drug habit without
can be dangerous (because of withdrawal
and difficult (because of psychological need).



HELP and/or INFORMATION IS AVAILABLE

from many private and public agencies, facilities and people.

For example --

DRUG TREATMENT CENTERS AND CLINICS

which specialize in
treating people with
drug problems.

HOSPITALS

which treat patients
on an in- or out-
patient basis.

MENTAL HEALTH CENTERS

and counseling
centers which can
treat people with drug
problems by dealing
with underlying
problems.

PUBLIC HEALTH AGENCIES

and social service
agencies can give
practical advice,
make referrals, etc.

HALFWAY HOUSES

which provide res-
idential treatment
for those with drug
problems.

DETOXIFICATION CENTERS

deal specifically
with alcoholism and
related problems.

ALCOHOLICS ANONYMOUS

provides help and
support to people who
have problems with
alcohol; Al-Anon and
Alateen offer coun-
selling and support
to their family and
friends.

OTHERS

include: family phy-
sician, clergy, alco-
holism counselors,
psychiatrists and
psychologists.

TELEPHONE



THE PHONE BOOK

(under
"Drug Abuse"
"Addiction" or
"Alcoholism")

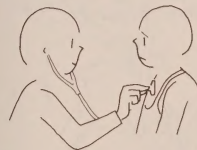
can give names
of specific
organizations
in your area.

TREATMENT PROGRAMS VARY

A person may receive one or more kinds of treatment,
including --

MEDICAL SUPERVISION

to help with with-
drawal symptoms (like
vomiting, tremors,
cramps) and severe
depression.



METHADONE MAINTENANCE

for heroin addicts.
Methadone blocks
physical need for
heroin and lets the
person return to
more normal living.



COUNSELING,

psychotherapy, en-
counter groups, etc.,
give moral support
and help in dealing
with causes of drug
abuse.



REHABILITATION

including vocational
counseling can help
the person return to
productive community
life.



USE OF NEW BLOCKING DRUGS

to eliminate the
effects of narcotics.



THERAPEUTIC COMMUNITIES

help drug abusers
stay away from drugs
and overcome
problems.



ALTERNATIVES TO DRUGS



WHY LOOK FOR ALTERNATIVES?

Because there are better, safer, more rewarding experiences in life than using drugs. They involve doing something that you find exciting, satisfying, meaningful and challenging.

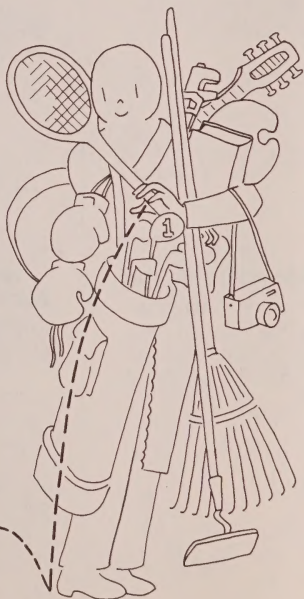
WHAT ARE SOME SPECIFIC ALTERNATIVES TO DRUGS?

There are many possibilities, but you have to discover the activities that really interest you. Here are some ideas (you may have to try several!):

Auto maintenance, **B**oxing, **C**arpentry, **D**ancing, **E**lectronics, **F**urniture refinishing, **G**ardening, **H**iking, **I**llustration, **J**ournalism, **K**itemaking, **L**eatherwork, **M**artial arts, **N**eedlepoint, **O**il painting, **P**hotography, **Q**uilting, **R**ecycling work, **S**ports, **T**heater, **U**nited States history, **V**oice lessons, **W**eaving, **X**mas pageants, **Y**ardwork, **Z**en Buddhism...and more!

HOW CAN YOU FIND OUT ABOUT THEM?

By asking organizations in your community about programs they offer. Check with schools, community colleges, adult education programs, YMCA, YWCA, Boys' or Girls' Clubs, libraries, etc.



So--

DRUG ABUSE IS A SERIOUS MATTER

It can cause:

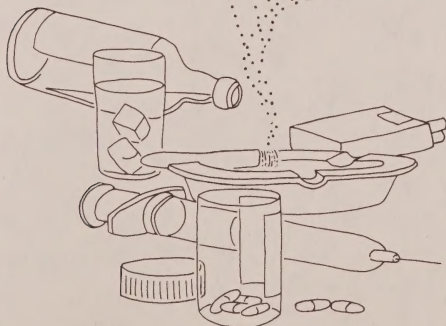
- **PHYSICAL PROBLEMS**

like ill health,
drug dependence,
accidents, overdose.

- **OTHER KINDS OF PROBLEMS** like
legal, economic and
personal ones.

Abusing drugs
can only provide
a temporary
escape from
the world.

**THE RISKS
INVOLVED
AREN'T
WORTH IT.**



What everyone should know
**ABOUT
DEPRESSION**



What is **DEPRESSION** ?

It's a common
MOOD DISTURBANCE
-- feelings of sadness,
disappointment or
loneliness that can
lead to --

WITHDRAWAL from people and activities.

LOSS OF PLEASURE and enjoyment of life.

PHYSICAL DISCOMFORT, aches, pains,
fatigue, poor digestion, sleep disturbance, etc.

Depression affects
everyone in different ways
at different times.

- Most people feel down or "blue" now and then – a natural reaction to stress and tension.
- Many people have more serious periods of depression, but are still able to meet daily responsibilities.
- Some people become so severely depressed that they can't face the problems of daily living. They may abuse alcohol and drugs or become suicidal.

Depression is a
**COMMON
PROBLEM**
in America today.

Mild depression is our most common emotional disturbance. Serious depression affects 1 person in 5 at some time in their lives.

And yet --
DEPRESSION IS WIDELY MISUNDERSTOOD.

It's often ignored
or untreated.

People don't recognize their symptoms, are afraid to seem "weak," or are too depressed to take action.

Everyone involved suffers.

Untreated depression can disrupt work, family relations and social life.

But
**DEPRESSION
CAN BE TREATED
SUCCESSFULLY!**

Most people can
start feeling well
again in a few
weeks.



Depression can **AFFECT ANYONE,** at any time.

ELDERLY PEOPLE

commonly get depressed as a result of physical problems, damaged self-esteem, retirement, declining income, loss of loved ones, loneliness, etc.

MIDDLE AGED ADULTS

are more likely to become depressed than any other age group. Goals that seem unattainable, children leaving home, etc., may trigger depression.

YOUNG ADULTS

frequently become depressed as they struggle with intense job and family responsibilities and search for fulfillment.

ADOLESCENTS

experience social stress and rapid physical changes that often lead to wide mood swings.

CHILDREN

– even babies – can suffer from depression. It is usually related to family conflicts, and symptoms quickly pass. However, children can suffer severe depression so don't ignore symptoms.

MARRIED PEOPLE

may experience depression more often than singles. Experts suggest this may be due to the interpersonal conflicts that arise in close relationships such as marriage.

WOMEN

are twice as likely as men to be diagnosed as depressed; but it isn't known whether this is because of biological differences, because it's more common for women to show their feelings, or because women may experience more social stresses due to lack of fulfillment, etc.



CAUSES of depression

One or several of these factors may be involved . . .

PERSONALITY TYPE

People who are highly self-critical, very demanding or unusually passive and dependent may be prone to depression.



ENVIRONMENTAL INFLUENCES

Unfavorable family, social or working environments can cause depression, as can serious interpersonal conflicts, loss of a loved one, neglect as a child, etc.



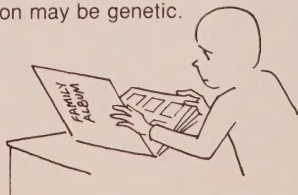
BIOCHEMICAL FUNCTIONS

Shortages or imbalances of mood-influencing chemicals in the brain are thought to play a role in some cases of depression. Certain medications, illnesses or infections can also lead to depression.



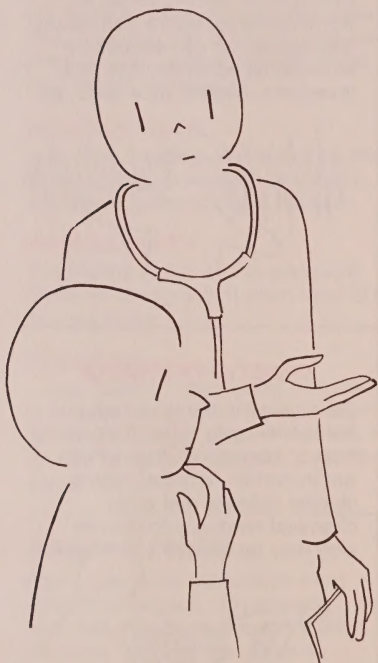
GENETIC PATTERNS

Depression is not inherited, but the tendency to suffer from some type of depressive illness does run in certain families. Some studies indicate that a biochemical tendency to depression may be genetic.



TYPES of depression

There are many ways to classify depression. One simple and useful method is by **DEGREE OF SEVERITY**.

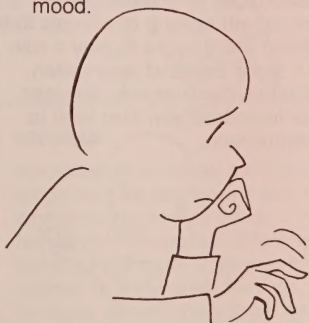


MILD DEPRESSION (the "blues")

This is the most common type of depression. It is usually brief and doesn't seriously interfere with normal activities.

- Significant events such as holidays, anniversaries, a new job, a move, as well as boredom and frustration can produce a temporary "down" mood.
- Postpartum depression (after giving birth) is a common type of mild depression. However, it can become severe, so talk to your physician if you feel depressed after childbirth.

Treatment is usually not needed. A change of situation, pace, etc., is usually enough to brighten a "blue" mood.



MODERATE DEPRESSION

(feeling hopeless)

Symptoms are similar to those of mild depression, but more intense and longer lasting.

- An unhappy event such as loss of a loved one, career setback, etc., is usually the cause. Person is aware of unhappy feelings, but can't always stop them.
- Daily activities may be harder (but usually still possible) to cope with.
- Suicide may be a danger. It may seem like the only "solution" as pain gets worse.

Professional help may be necessary.



SEVERE DEPRESSION

(separation from reality)

Loss of interest in the outside world and serious prolonged behavior changes are characteristic.

- Deep inner imbalances are usually the cause. Sometimes another disorder such as schizophrenia, alcoholism or drug addiction may be related to depression.
- Physical symptoms often become obvious. The person may suffer from delusions that his or her body is changing.
- Manic-depressive illness is a form of depression in which the person goes from extreme highs to deep lows.

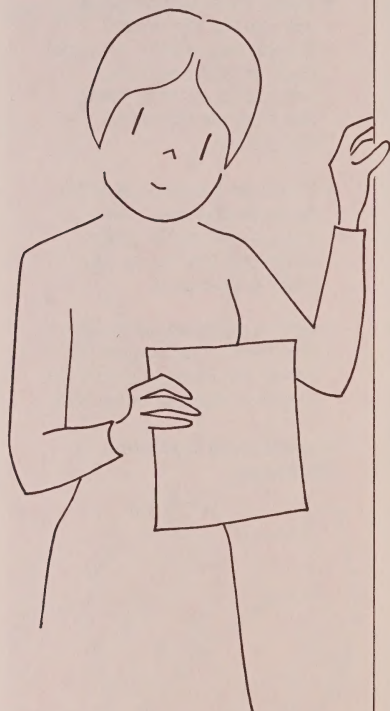
Professional treatment is necessary.



SYMPTOMS

of depression

There's a **BROAD RANGE** of symptoms which may be experienced.



CHANGES IN BEHAVIOR AND ATTITUDE

- General slowing down, neglect of responsibilities and appearance, loss of appetite, agitation, pointless over-activity.
- Poor memory, inability to concentrate.
- Irritability, complaints about matters that used to be taken in stride.



EVERYONE
experiences some or all
of these symptoms at
some time.

DIFFERENT FEELINGS, PERCEPTIONS

- Emotional flatness or emptiness, inability to find pleasure in anything, hopelessness.
- Loss of sexual desire, of warm feelings for family and friends.
- Exaggerated self-blame, guilt or loss of self-esteem, sometimes leading to suicidal thoughts or actions.



PHYSICAL COMPLAINTS WITH NO ORGANIC CAUSE

- Sleeping disturbances, such as early-morning wakefulness, sleeping too much, insomnia.
- Chronic fatigue, lack of energy.
- Unexplained headaches, backaches, similar complaints.
- Digestive upsets: stomach pain, nausea, indigestion, changes in bowel habits.



But when symptoms are **SEVERE** and **LASTING**, so that pain and problems outweigh pleasure much of the time, then it's time to get **PROFESSIONAL HELP**.

TREATMENT of depression

As with most illnesses, treatment is easiest and most effective when it's begun **EARLY**.

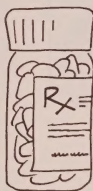
A **COMBINATION** of these methods is often used ...



MEDICATION

is often used in treating seriously depressed people, sometimes bringing relief in 3-4 weeks. Drugs prescribed may include

- antidepressants to correct shortages or imbalances of certain chemicals in the brain.
- minor tranquilizers to provide temporary relief from fears, anxiety, etc.
- stimulants to help correct chemical imbalances.



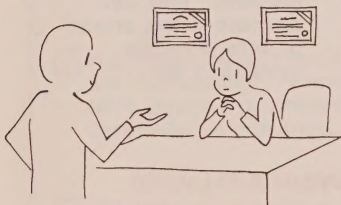
Drug interactions can be dangerous. Patients should inform their physicians of all medications or drugs they're taking (including alcohol), follow instructions carefully, and report any side effects.

PAYING for treatment



PSYCHOTHERAPY

helps many depressed people become more self-aware and better able to cope with their problems. Treatment methods include individual counselling, group therapy, psychoanalysis, etc. Whatever the method, the goal of treatment is to overcome depression by providing support and help, examining the underlying causes of depression, working out possible solutions to problems, etc.

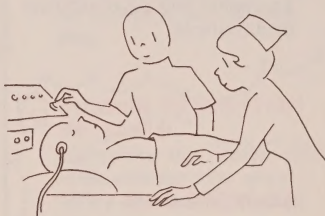


Amateur "therapy" from friends, family, self-help groups, etc., should be avoided by seriously depressed people.

ELECTROCONVULSIVE THERAPY (ECT or electroshock)

is occasionally used in treating very severe depression, especially when other forms of therapy haven't helped. A measured dose of electric current is applied briefly to the brain under anesthetic. The shock is painless. Two to ten treatments are commonly required.

ECT usually has temporary side effects such as memory loss and lethargy.



Most depressions can be successfully treated without hospitalization. Many health insurance policies cover at least part of the cost, and some sources of treatment are free or have a sliding scale based on ability to pay.

The cost of treatment is small compared to the suffering and problems that may result from prolonged depression.

THE PEOPLE WHO TREAT DEPRESSION

A physician can treat many cases of depression and will refer patients to other health care professionals when necessary. Many depressed people are treated either individually or in a group by therapists in private practice.



PSYCHOLOGISTS

have expertise in testing, diagnosing and treating emotional and psychological disturbances.

PSYCHIATRISTS

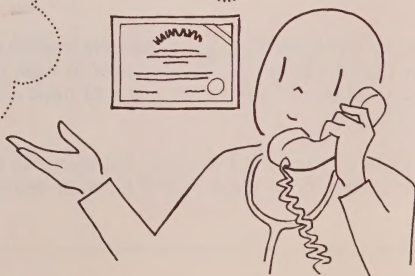
are medical doctors (MD's) with special training in helping those with emotional and psychological problems. They can diagnose illness, counsel patients, prescribe medication, etc.

COUNSELORS

include psychiatric nurses, clergy, social workers, etc., who are trained in various counseling techniques to help people cope with their problems.

PSYCHOANALYSTS

may or may not have a degree in medicine. They use a special form of therapy based on one-to-one "talking out" of deep-seated problems.



WHERE TO GET HELP

There are many sources of help available in your community.



✓ **COMMUNITY MENTAL HEALTH CENTERS**

provide a broad range of professional services at reasonable cost: in- and outpatient treatment, emergency assistance, etc.

✓ **GENERAL HOSPITALS**

are often available for short-term, intensive psychiatric care for acute problems.

✓ **MENTAL HOSPITALS**

(state, private and V.A.) specialize in treating in-patients with serious mental disorders.

✓ **MENTAL HEALTH CLINICS**

are operated by many hospitals, social service agencies and private groups, offering a wide range of services.

✓ **FAMILY SERVICE AGENCIES**

can help with a broad range of emotional, social and economic problems and provide fast, practical help and referrals.

✓ **SELF-HELP GROUPS**

– AA, drug groups, etc. –
can give support and referral to people with depression.

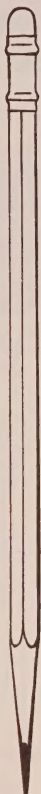
✓ **SUICIDE PREVENTION HOTLINES**

and similar non-professional crisis centers offer emergency help and immediate referrals.

✓ **SCHOOLS AND LARGE EMPLOYERS**

often provide counseling and referral services. They may help arrange temporary adjustment of study or work schedules.

... plus therapists and counselors working in private practice.



SOME ACTION YOU CAN TAKE

to make life run smoother
if you or someone you know
is feeling "down" . . .



SEE A PHYSICIAN

for a complete check-up and discussion of symptoms.

TAKE A BREAK

for a favorite activity, an evening out, a trip, a visit, etc.

TALK THINGS OVER

with an understanding friend. When there's a specific problem, discuss it fully with the people involved, if possible.

GET SOME EXERCISE

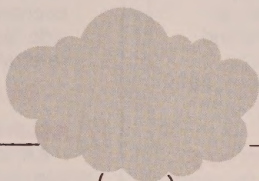
to help work off bottled-up tension, relax, sleep better.

EXAMINE YOUR FEELINGS

to figure out what's troubling you and what you can do.

AVOID EXTRA STRESS

or big changes, especially when feeling "down." They can create too much tension.



So--

LEARN HOW TO DEAL WITH DEPRESSION.



- **UNDERSTAND THE FACTS** about depression -- causes, types, treatments.
- **RECOGNIZE THE SYMPTOMS** that demand prompt professional attention.

- **KNOW WHERE TO GET HELP.**
- **SEEK PROFESSIONAL HELP** if depression is severe or persistent.

DEPRESSION DOESN'T HAVE TO RUIN LIVES!

1942

THE
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
WASHINGTON, D. C.
OFFICE OF THE ASSISTANT ATTORNEY GENERAL
WASHINGTON, D. C.
OFFICE OF THE SHERIFF
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WASHINGTON, D. C.

HU ~~29th Feb~~ 3/6
at ~~at~~ Home

633-8311 Home
751-9488 Molly at work

Barbara Allenberg

July 18, 1975

Severe religious conflict.

Seventh-Day Adventist background.

Followed at monthly intervals.
Referred to Jean Gekisler for
suicidal thoughts. Reported
back, felt better.

12/8/75

Still dealing w/ hsp. conflict
and working on problems.
c lower. Much improved.

HU. Mallie Perey

759 46th St. Bklyn, N.Y. 11220

Barbara -

wanted HU. 2 mos.

Mally - 27

Neither married

Known 7 yrs.

Tog. 6 mos.

Barbara - Religious faith in Jesus.

Arguments, etc.

"Heated debates" -

Worst Argument - about ex of Mally's.
Barbara like M.
Harshness &

Class conflict - Barbara raised in
coarser surroundings.

Jealous - Molly - yes, but under control.

Friends - Bar friends, straight friends,

Barbara - waiters -

Molly - Bookkeeper -

Interested in carpentry, etc.

I - Molly - would stay in room (My hello -
disceus unfairness -
Barbara - wouldn't do it - Ask to
leave -

Car II
A. How are you? Do you feel better?
B. (Higher!)

Fidelity - Good -

A. No room for others -

B. Mature outlook - could live &
open ed up relationships.

Truth - Good

Worst truth

Infidelity

Dependence

B. Fear of loss.

Final Note

Barbara Allenberg was a student at Seventh Day Adventist Seminary. She was referred to me by Bp. Robert Clement who felt my Evangelical background would be of more use in working w/ Barbara.

After many, many sessions w/ B., she was able to work through her conflict between Adventism + sexuality. She is now an MCC member, some one year after our first contact. She is a dedicated Christian, with a calling to preach + evangelize.

B. would make an excellent exhorter + eventual MCC minister.

However, like myself - (I am reminded of myself 25 years ago in B.)

She is dealing in a great deal of anger in her relationships at home & in the world. She needs help — not condemnation for ~~that~~ believing that anger is the only weapon she has had in a very unfair world. I would like to see her taken on as an exhorter at some future time. She may move to Florida — possibly this year, if Mollie (her lover, who is black) can bring herself to agree to live in the South (for obvious reasons!).

If I were an MCC pastor I would welcome B's ability to work for the Lord in women who are alienated from the Church. She is outspokenly Christian & dedicated. She needs to be used. I commend her to your prayers & your concern.

Mollie Perey-

Is a gentle & loving woman
(softly black) who can be of
great assistance to the church.
She, too, is an ex-Adventist.
She has a tempering effect on
Barbara Allenberg.

Please treat these two
sisters in love & concern,
they have much to offer MCC.

Marge

My dear Mary -
I am so glad to hear of your
(happy) health & hope you are
well & comfortable. The school
year, too, is an interesting
one. I am so thankful for
your kind letters & for the
fact that you are so well.
I hope to hear from you soon.
With much love to you & Mr. C.

Yours truly,
Margaret
I am so glad to hear of your
wellness & hope you are
well & comfortable. The school
year, too, is an interesting
one. I am so thankful for
your kind letters & for the
fact that you are so well.
I hope to hear from you soon.
With much love to you & Mr. C.

Sue Cuadro + Joyce Rank

Referred by GAANS.

make commitment - Bind together
Life " - monogamous.

Joyce Rank - 31 Home
Sue Cuadro - 29 201-489-4439
5 Anderson St.
Hackensack, N.J. WK 867-2310

Sue - married before (1 1/2 yrs.)
(somewhat fraudulent - younger man)
Gay 1 1/2 yrs.

Moved in = two gay women,
Joyce neighbor.

Joyce - gay since 14-15 yrs. old.
2-3 relat one for over 5 yrs. Broke
up because growing in oppo.
directions.

✓ Known 1 1/2 yrs. - lived together nearly
a year.

Joyce - R.C. - attends church
infreq. does not take
Communion. Cath. School
12 yrs.

Sue - Jewish - Would like
Rabbi to share service.
(Ask Paul about joint
service). Goes to church
w/ friends & Joyce -
Share religion -

God - Joyce - O.T. judgement of
now supreme being, all
powerful

Sue - Predestinarian.

Communication

Sue - ? feel better -

Joyce - would want reassurance
first. I feel better.

Sick sister

would want her to stay home.

Paul Merling
Sept 16, 17, 18

22-25th

Re H.U. for Sue Cuadros +
Joyce Rank

Oct 25th - 7 PM
Date for H.U.

Done Oct. 25 - 7 PM. at home.

8/15: They brought friends in
for H.U. consultation. Appt. made.

Final note: As members of
GAANT, they would be valuable
contacts for an MCC-Hackensack
which could meet in GAANT's
building. There needs to
be a feasibility study for
same. Suggest Mark ex-
porter (possibly Jarman)
be delegated to search this
out. It is an excellent
possibility.

From the

Sept 11-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-1944

to H. H. for the

the 21-22-23-24-25-26-27-28-29-30-31-1944

From the 21-22-23-24-25-26-27-28-29-30-31-1944

the 21-22-23-24-25-26-27-28-29-30-31-1944

the 21-22-23-24-25-26-27-28-29-30-31-1944

the 21-22-23-24-25-26-27-28-29-30-31-1944

the 21-22-23-24-25-26-27-28-29-30-31-1944

Joyce - Supv. in acct. dept.

Sue - legal secy -

Work in same building!
~~eat lunches together.~~

Mixed friends - middle income -
not bar people - attend GAANT.

Not political -

Share friends - not same
friends.

~~Serious disagreement~~

- Argue about car -

- Towed away car -

Sue says she's more jealous.
Lacks trust.

Joyce feels relationship is too
strong for jealousy to matter.

Sue estranged from family. (Mother dead)

Fidelity - O.K.

Truth - O.K.

Set up appt. c Paul.

Sue - WORK - 867-2310
HOME⁽²⁰¹⁾ - 489-4439

Joyce - WORK - 697-1600 (489)^x

Performed H.U.

Anne Cunningham (38)
36 Hamilton Ave.

S. I. N.Y. 10301

Apt LV.

_____ her (42)

Involved a woman who drinks.
Never lovers, just roommates.

Anne is not out yet. Took
her in in May. Anne
supported her.

On welfare. Cut wrists —
needed police.

Assaulted Anne — broke plate —
tried to push through window.

Police took to hosp. Signed
out post 1 week.

Sobered up 4 times. When
has money drinks.

Anne - Placement consultant.
Active in NOW.

Emotional trauma. Let
herself bleed for 1 hr -
blood all over.

Problem = dog. (untrained) -
Gave dog away.

Wanted to kill Anne. Anne
Started to throw things -
Lee left.

Found Lee on street.
Started over.

Got Lee rooms in rooming
house. Welfare checks
arrived -

Lee is very manipulative.
Anne sexually needs +
wants her.

St. Vincent's wants to
hospitalize. Former lover
on drugs.

Previously married - Bad - 18 1/2 yrs
Husband didn't have sex
for years. He refused. Sick
mentally. Children - Rikers
Is. drugs 18 yrs. Mental
breakdown 17. Daughter died
1 1/2 yrs. ago at 14.

Husband drank + was on
drugs. Worked. Anne
supported, went to school.

Child 17 ~~is~~ waiting for
group home.

Husband - ran into

Anne wants to move off
S.I. Sell house, buy 2 farm.
+ start fresh.

Bur. deal off a straight
woman.

Raymond

Redd Kid on drugs - 7th-gr.
Valium - pills - broke into
houses. Heavy pot smoker.

Younger son - Dennis - 16
breakdown -

In ment. hosp. S.I. E father.

Ex husb. wks for parks dept.
gardner -

More educ. / diff background
than husb. Expected change.

Would like to see Jean
Heisler -

Ind child - diff birth - prolapsed
cord. Whiney child - Physical
stress - "Difficult" - required
attention - tore things -
destructive, pathological -

Began to have problems in
school - Short att. span.
Retention good. Intelligent.

Didn't see anyone.

Moved to SI 4
3
1 1/2 yrs.

Brought home - child set on fire -
youngest child died because
of lung problem (smoke.)

Oldest boy set house on
fire - felt guilt. Went into
therapy at various age - Got
no where.

5th grade - child psych -
Raymond - unable to express
feelings.

Exhausted all possibilities -

Husband had problems - hated
women - burned c. cig. on breast.
48 yrs. old.

Sibling rivalry -

Anne was deprived child - wanted
kids to have better. Used experience
teaching for kids.

Anne passed in 194 - Foundling

N.Y. Foundling Home -

Foster homes out - 14 families
No close attachments -

H.S. Bklyn. - Cath. McCauley -
wanted law / labor rel. / bus.

White collar background -
but wants factory operation
mgmt job.

Paid off \$20,000 in 10 yrs.

Rebuilt house. Worked
at 3 jobs

Arson -

Baby Sit -

Nights IBM -

Worked nights - father took
care of kids - No schedules.

Violent broke toys for
discipline - none else.

Pot smoker, too. Pils-
encouraged kids to do
same.

Made excuse - fenced -

Covered up for them.

Father had been in trouble
w/ police. Sociopath.
Antagonistic -

He left. 2 kids + father on
drugs, drinking - Anne
hung in - asked for help -
got student therapy -
2 kids + father flying to
therapists. Police matter.

Anne had sons arrested
for pos. of pills - lg. amt
Marij. 200 envelopes -
cellar full of ripped off bike -
parts jewelry - etc.

Police van took away.

Guns. rifles -

Anne wanted family -
nightmare. Went to work.

Out of situation 1 yr ago
April -

Healthier when working.

Volunteers - Legal Aid, etc.

Referred to Jean Geisler for
short term therapy.
Accepted.

Jean Geisler reports function
level good. Gave reassurance,
& short term supporting
therapy. Discharged by Jean.

Dec. 15-1975

Now . NOW Staten Island
President. Elected by large
majority. Wants to be involved
in Women's Rep.

Final note:

Now President S.I. NOW.

Also in first hse. relationship.
Not doing well. Drinking
very heavily - and dangerously
near to breaking point.

REPORT ON CLERKSHIP EXPERIENCE AT BRONX PSYCHIATRIC CENTER
January 27 to February 26

Submitted to: Dr. Fred Wolkenfeld

By: Michael John Sy
February 26, 1976

Several interesting events marked the first of three five week clerkships of mine. Of interest were two admissions procedures I sat in on, a staff meeting, several patient-family interviews, supervision, and involvement with a patient from admissions to eventual discharge on an out patient basis.

The patient is Olima Perez, a 44 year old Hispanic female who admitted for the third time to BPC on 1/29/76 on a voluntary. She had been hospitalized previously at BPC for two weeks on 7-9-75 as well as for three days on 10-15-71. She was at Central Islip Hospital on 7-9-75, Pilgrim State Hospital on 1961-63, and Bellevue Hospital on 6-27-75. She was picked up twice by the police. The first time was on 6-27-75 where she was picked up for a suicidal attempt at jumping into the Hudson River. To this she claimed no suicidal intent. The present hospitalization was the second instance of police intervention wherein she was intercepted while walking nude down the Grand Concourse. Her medical history shows open heart surgery for a mitral valve replacement on 9-30-71. to which she developed a hepatitic reaction.

On admission Olima spoke rarely, was disoriented and was somewhat defiant. This condition cleared quite rapidly and the patient became cooperative and conversant in a day or two. This was clearly reflected by a good mental status evaluation two days later marred only by some difficulty with subtraction and digit retention.

Subsequent interviews with Olima and members of her family centered upon her family history, psychiatric history, and her homosexual relationships.

Olima was born in Tampa Florida. Her father left the family when Olima was quite young. Olima had few if any recollections of her father. They left Tampa when Olima was three and settled in New York. Olima's mother eventually remarried and had three more children. Olima herself was married shortly after she dropped out of high school at sixteen. She had two children, a boy and a girl. Due to alcoholism on her husband's part, the marriage did not last and ended in divorce.

Throughout the interviews Olima stressed the value of financial support and discipline in relation to bringing up a family. She stressed the fact that her estranged husband continued to support her family rather well after their divorce. She also stressed the role she played as a disciplinarian in bringing up her children, a role she felt inadequately played by her husband. These two points are important since she takes them on herself as the male partner in her homosexual relationship with a woman ten years her junior later on.

In terms of a psychiatric history, members of Olima's family stressed that Olima would become "sick" whenever she halted medication. It has become necessary to keep Olima under continuous medication to keep her under control. Olima cites two key events in her life as being precipitants of her two major hospitalizations. The first event was her being rejected by a male lover she took on shortly before her marriage ended. The second precipitant was when her ten year homosexual relationship ended. At present Olima has become more understanding of the need for her medication and is beginning to make inroads towards understanding her feelings in terms of her relationships, homosexual or not.

In terms of homosexuality, Olima had homosexual ideations long before her marriage. It was only after her marriage ended that she began to carry out homosexual relationships. The issue of homosexuality surfaced once in a while in her married life. This area remains unclear. Olima has had two homosexual lovers. Her first affair was short lived and ended with the beginning of a long ten year relationship with a second lover, ten years her junior, called Mary. This relationship ended sometime last september and precipitated Olima's current series of hospitalizations. In her homosexual relationships, Olima plays the active dominant male role. She voices discomfort at even the thought of playing the female role. This can readily be seen by Olima's stressing her role as a good provider and her description of Mary as being very feminine and very good to her. Olima bewails the absence of "femininity" in today's lesbian world and is quite puzzled at the stress on equality in present day relationships.

In the several interviews, discussions flowed into her feelings about homosexuality. Olima reacts negatively towards censure with regards her homosexuality. The subject of looking into why was broached and quickly abandoned due to an evasiveness in Olima's part. What developed however was the topic of letting her feelings be known. Apparently Olima feels uncomfortable in letting her negative feelings be known. She chooses to keep them within herself. She feels strongly about the injustice in the way people treat her and Mary. She describes them as being not worthy "to even wipe her shoes". This feeling is mixed with a paranoid-like concern for her "visibility" as a lesbian. She feels that people pre-judge her and act negatively towards her by merely observing her external appearance. Together with her feelings towards censure, she feels a strong need to establish good meaningful relations with people. She is beginning to see how the issue of sexuality need not be involved in every relationship she carries with people; male or female. These two areas are definitely in need of further exploration.

Another area of concern with Olima is an apparent tendency for her moods to swing in extremes. For instance, in one particular interview, Olima was fidgety and agitated. She explained her condition as being happy and enthused. When asked whether she had felt this in the past; Olima answered evasively but left the impression she had. These feelings are very much tied in with her feelings towards religion. With a mystical and grandiose flavor, she feels as though she was sanctified whenever she did charitable acts. She prides herself in the way she readily gives to people. She tied these feelings in with the poor reciprocal results she obtained in terms of the censure she got with her relationship with Mary.

Olima was administered the WAIS. She obtained a Verbal IQ of 97 and a Performance IQ of 89 and a full scale IQ of 93. Her scaled scores were V-57 and P-38. In testing there were specific responses that were clearly schizoid. She was able to respond to items that were more difficult than prior less difficult ones she missed in Comprehension, Information, and Similarities. In Picture Completion, she looked for the person rowing the boat, state lines in the map, and a fence in the snow scene. These show some difficulty Olima has in keeping within the confines of her perceptual field. It also leads towards an inability to work with material within a limited framework. This can also be interpreted as a lack of sensitivity or perceptiveness. She does this not only in Picture Completion but repeats the same

problem in Picture Arrangement where she completely fails to grasp the nuances presented in the pictures.

The impression of schizophrenia is somewhat complicated by strong elements of hysteria and an anxiety state. Elements of hysteria appear in the relatively high comprehension score she has and the style in which she answered some questions. At times she would express familiarity with what was asked of her but would show visible signs of not quite being able to locate the answer. This happened with Washington's Birthday wherein she was aware of the new re-scheduling of the day but was unable to pinpoint the day, and the Faust item where she was able to associate it with the music but failed miserably by associating it with Tchaikovsky or Beethoven. Throughout the arithmetic section, she complained that she could easily do the items with pencil and paper. In the comprehension item nine, some idea of the impulsiveness of her manner appeared as she suggested haphazardly walking around a forest to find her way out.

Her anxiety state can best be seen by her scatter profile. It seems that a certain lack of concentration appears as one notes her three lowest scores to be arithmetic, digit span, and block design. This can also be seen as an attempt to block off external impinging stimuli requiring some cognitive manipulation on her part. This remains so only in terms of relatively sterile and fixed items such as math and block design wherein fixed standards are expected. One gets a flavor of the freedom she enjoys and takes advantage of in other verbal areas. We get an interesting flight of attention and association in "child labor laws" wherein she spends some time grappling with her misperception of "labor" in terms of labor in childbirth. In a related vein she shows a somewhat autistic thought pattern in "egg-seed" similarity, wherein she says chickens can always lay more eggs and that with seeds you can plant a seed and get more seeds. This presents an interesting attitude towards fertility. Olima swings towards a totally autistic framework in "fly-tree" wherein she claims they're only seasonal, since you can get flies only in summer and trees have leaves only in summer.

Olima was discharged on an outpatient basis on Feb. 20, 1976. Since then she has returned twice a week for therapy. Arrangements have been made for her to continue therapy with a counsellor at the Metropolitan Community Church. This Church has a large lesbian congregation.

Summary and Conclusion:

This clerkship provided a well rounded experience in a Psychiatric hospital. Aspects ranging from admissions to rehabilitation referrals were well covered and were highly informative. The clerkship centered around involvement with a short-term case from admission to discharge on an out-patient basis. The case was that of a readmitted woman whose problems with her homosexual life led to numerous psychiatric hospitalizations.

April 15, 1982

Dr. Carol Bohn
Pastoral Counseling Department
Boston University

Dear Carol:

Attached is my final project for this course. Since we have been dealing with elderly, Blacks and women in this course, I did a psychosocial summary of a terminally ill 74 year old Black lesbian from my church.

This was done in part for you, but more for me. You will note my questions on the next to the final page (p. 5). Like a lot of people, I needed reassurance **that I had** done the right thing, or had I bought into, "Well, she's 74 and there's nothing to be done anyway."

My final assessment was that the point at which a meaningful change might have been made was one year prior to my seeing her in the hospital. I arrived 6 months later, and was not here to assess the situation then. I think had I been here and with my knowledge of this woman, I might have encouraged her to have chemotherapy or radiation (neither of which were employed) or at least to see if they were feasible.

I hope the summary is sensibly arranged, and that you can follow it. I have been thinking about this for months now, as a possible final paper for you, and hope you will comment for me.

I will not be in class next week, since I have a conference in Washington (MCC Ministers' Conference) and James Nelson, author of Embodiment will be teaching us for four days. I love this class, but I would not miss Dr. Nelson teaching his own book for anything!

I will be in touch with you when I get back about signing my papers as advisor for my major.

Sincerely,

Marge Ragona

mf

PSYCHOSOCIAL SUMMARY

RELIGION AND MENTAL HEALTH

Marjorie Ragona
Boston University

PSYCHOSOCIAL SUMMARY

IDENTIFYING INFORMATION

Constance White is a 74 year old Black female, who was a patient at Massachusetts General Hospital when I was called to see her by a mutual friend and a deacon at another Metropolitan Community Church.

Connie is single, was born in Hackensack, New Jersey, spent much of her working life as a secretary to the Dean of Wellesley College, and has been living in her own home in Woburn, Massachusetts since her retirement some year ago because of a medical disability.

Connie is a Lesbian, for 44 years lived in a monogamous relationship with a German-Jewish woman 13 years her senior. Eva and Connie jointly owned a dress shop in Brookline, which Eva managed. Their life together had been comfortable, supportive and mutually happy. Connie has missed Eva's presence in her life since her death in 1978.

Connie has been living alone since an argument with a male (much younger) housemate and housekeeper caused him to leave, about one year ago. She has had an agency household aide and a visiting nurse making home visits. She has also had Meals-on Wheels, but for the past year has had a rather serious degree of social isolation. This is uncommon for Connie.

PRESENTING PROBLEM

Connie is dying from gastroesophageal cancer. She has known of her illness for a little more than a year, had a partial gastrectomy a year ago, and for the past 2-3 months has known of a recurrence of the tumor. The tumor is growing and cutting off the passage of food and liquids through the esophagus. Connie has difficulty swallowing even clear liquids, solids are impossible. She has been living on soup and eggnog for about a month. Friends finally persuaded her to come into the hospital to see if anything could be done. Connie does not want anything done. She wants to die as peacefully as possible.

Connie is severely depressed, as may be expected in this situation. She is tearful, speaks often of happier days in the past, and seems a little self-pitying. She feels her friends have deserted her when she needs them most. She is very much aware of her isolation, but ignores people when they do visit.

Connie has always been a rather robust, chubby, energetic person. When seen in the hospital she was ashy grey, her false teeth were not in, emphasizing the shrunken cheeks. She had lost about 50 pounds and seemed very frail and much more aged than she had six months previously when I had last seen her.

Connie speaks of dying as a way out of her current situation. She does not want to hurt anymore. She also speaks of joining "Evie," and another lover from the more recent past, Ruth. She feels that

these two important figures from her past will be waiting for her. She wants to join them. Connie's belief in an afterlife is very real for her, she is certain of the presence of those who have gone before, and death for her is not fearful, but a place where she can rejoin those she loves.

She does feel somewhat guilty about not trying to eat and thinks what she is doing is "suicide." She knows that she must eat in order to stay alive, but it hurts to even try, and she is emotionally tired of the pain.

PAST HISTORY

Connie's parents were middle-class Blacks who had migrated north from rural North Carolina. Her father was a preacher, probably Baptist. Her mother was a schoolteacher, with a certificate from a 2-year "Normal School." Connie was an only child, somewhat pampered and speaks of being her "Daddy's boy." She was close to her father, distant from her mother, and left home in her late teens to move to New York where she was a student at Hunter College, then a City College for women, primarily a school of education. Connie did not graduate, became part of the Harlem Renaissance, was a very real part of the late 1920's^{1920's} Bohemian world of Harlem and Greenwich Village. She became a secretary to a movie producer in New York and was part of a movie-making jaunt to Russia with Langston Hughes in the 1930's, during which trip she met Eva in Germany. Connie recounts many stories from these early days. She speaks Russian, German, and French fluently. German was the language she and Eva ordinarily conversed in and Connie still asks questions with the German "Ja?" at the end. (Will you bring me some apples from the store, ja?)

Connie has a distinct Black identity. She uses the Black argot and dances and jokes in a distinctly Black manner. She is not an "oreo." She has been the Black lover of a white woman for many years, but has not lost her identification with her own people. Her world has been the artistic world of Black people and she is proud of this. While she and Eva spoke in German, she brought Eva into her world, not necessarily going into Eva's.

Connie has been seriously ill in the past with two-life and limb threatening illnesses. She had a gangrenous ulcer of her ankle from intermittent claudication caused by a blocked femoral artery. For this she had bilateral femoral-popliteal bypasses, but nearly lost the leg before surgery. She also had a triple bypass for coronary artery disease. While she has not been able to walk great distances, she has led a fairly active life. She drove her car daily until she had an accident, again, nearly a year ago. The car turned over and she was thrown from the car, uncannily escaping injury, although the car was totaled. She bounced back from this, but seriously missed having the car, and because of rather precarious finances was not able to purchase another car.

Connie's finances have been a mess for the last two years because of a relationship she entered about 2½ years ago. Connie and a group of MCC people from Providence (myself included), drove across country

in a van, stopping at MCC churches along the way. Connie was healthy, exuberant, lively and a great deal of fun to travel with. She regaled us with stories of her life and times with the great and near great of the 30's and 40's. She took her turn driving during the day, slept on a cot in the van during the night, ate along the roadside with the rest of us, and at no time expected special favors because of her age or any infirmity. She was a trouper!

While in California at the MCC General Conference, Connie met a 73 year old Black woman, Ruth, who was tiny, delightful, utterly charming, and the two elderly women fell in love. All who knew them were struck by how well their personalities matched, the love they expressed for each other, and the gentle way they cared for each other. Connie did not want to go home at the end of the conference, but did. She ran up a \$700.00 phone bill calling Ruth daily, to make sure Ruth took her medication. Finally, she flew back to Los Angeles and remained with Ruth.

Three months later, while they were out seeing their respective doctors, having stopped for a hearty, leisurely breakfast, Ruth died as they were returning to their car, apparently of a massive heart attack. Ruth had been severely ill with congestive heart failure and Connie knew this. However, there was still shock in the suddenness of the death of her newly found beloved.

Connie stayed on in California for about two months, and I saw a good deal of her during that time (I had moved to Ventura, California during the trek westward.) Another MCC minister, pastor of a nearby church and one who had been Ruth's past, and I did the funeral for Ruth, at Connie's request. Connie never really got over Ruth's death, and returned to California on the first year's anniversary of the death. She was still her old self, but somewhat depressed and saddened -- not to the point of needing help, but rather normally for someone her age who had had two important losses within 3 years.

PASTORAL RELATIONSHIP

I have known Connie since 1976, at which time I was a student intern at Metropolitan Community Church of Boston. I was asked to look in on Connie from time to time by one of the previous pastors. Eva was still alive but in a nursing home. Connie and her male (gay) friend were sharing the house, and we had many fine dinners and entertaining evenings visiting with them. Often we took Connie out with us, at times to activities in the gay community, or even to gay bars (for women). Connie was knowledgeable about gay rights, the women's movement, and the Black liberation movement. She read a great deal, was a very politically astute person, and had very distinctive comments to make about world affairs. She was bright and intellectually curious and there was nothing of the docile little old lady about this woman.

After Eva died, Connie became a little more reclusive. It was harder

for her to get around, although she still managed to come to church from time to time. She did tire, however, during long evenings and felt better if she brought her own car so she could leave when she felt she had had enough. She particularly loved MCC conferences, and would come to Boston and Providence conferences whenever they were held. She liked the singing, the kind of "revival" atmosphere of the conferences. It was this which prompted us to ask her if she would like to come to California for the biennial General Conference of all the MCC's, which she had never attended.

In California, while she was staying with Ruth, we continued to see each other. Connie would call me when she wanted to talk and often would invite me to stop by for dinner or a night out at a restaurant "for a good steak, ja?" We talked about Ruth's impending death.

As I remembered Connie from those days, she was impeccably neat, her hair was always cropped in a short natural Afro, she was direct and open -- easily making herself vulnerable with others. She was superbly intelligent, cultured, and fun to be around. She had no trouble asking for help when she needed it, but did not ask often. She had a kind of way of handling her own affairs and was proud of the fact that she was "dyke" enough to be competent at her age. Connie was not masculine. "Dyke" to her was in the feminist spirit of the word, meaning a competent woman. I doubted that Connie had ever been the masculine woman she tried to pretend she had been. Old photographs did not bear this out. She looked tailored, but not strikingly masculine, and her personality was too soft and gentle to have been a stridently "butch" Lesbian even in the old days. Probably the contrast with both Eva and Ruth, who were tiny and very feminine women made Connie seem masculine by comparison. This, of course, was only my assessment of her during the time I knew her.

I was shocked when I saw her in the hospital. She had given up. Her hair was whiter than I remembered it, and nappy. I had never seen her without her teeth. I had never seen her so beaten by life. I had also never seen her so angry. She was furious because since she had lost her car people did not come to see her. She could not understand that most of the people she knew did not own cars, and her home was not anywhere near public transportation. It was difficult for people to get to her. She resented those of us who did come, but not often enough. In the hospital she held my hand and would not let it go. I would stay for an hour or more, just sitting by the bed and holding her hand. If I tried to leave, she would tighten her grip and hold me there. For the first week I went every day and we talked at length about what was going on.

Connie told me that she wanted to die. She asked me to see to it that a note was made on her chart that there would be no heroic attempts to save her if she went into heart failure or began to choke. I fed her eggnog and sherbet and masked pear, trying on the basis of our friendship to encourage her to eat. She was unable to take more than 1/2 of a small fruitjuice glass of eggnog, and that pained further down.

Connie was feeling guilty about "killing herself by not eating," yet she could not help herself. She felt somewhat better about this when they began to feed her intravenously. She did, however, refuse parenteral feeding. She knew, I think, that that could really keep her alive, and she did not want to exist in a hospital room, a home for the aged, or a nursing home. Her experience with Eva's being in the nursing home had turned her off to that. She wanted to die quickly, but did not want to do anything actively (i.e. take pills, for example) to kill herself.

After the first week, she began to weaken, and pretty much stopped talking. She was on IV's, and getting weaker. The tumor had pretty much stopped the esophagus and would eventually crowd her windpipe and probably strangle her. She had a CAT scan and the doctors told her there was nothing to be done. That night she held my hand and I stayed for nearly three hours. She had one more payment to make on her house, and did not want to make that. I encouraged her to take care of it. She had some gold and diamond jewelry she had received from Eva's estate. She talked about selling that. Twice I went back to see her; she was asleep and I did not awaken her. Each time I sat by her bed for an hour, in case she awakened. Less than a week later she was dead.

In our talks I felt that I had been able to do three things for Connie at the end. I was there physically when she needed someone to hang on to, and there was comfort in knowing that another person was nearby. I think I helped her deal with the guilt she was feeling about not eating and wanting to just slip away. Nothing more could be done, except parenteral feeding, and she did not want that. I think she wanted permission to give up, and at 74, given the situation, I felt she was entitled to make that choice. The last thing I think I did was to give her an assurance that her belief in the hereafter was valid, and that those she loved would be waiting. Our common Christian heritage told us that she and Ruth would meet in the "sweet bye and bye," and she found comfort in that.

I had to deal with whether I had done the right thing. And I questioned then and question now whether I should have encouraged her to fight more and to have the parenteral feeding. But I honestly don't think it would have changed her mind.

Had Connie been of a different personality type, it might have worked. But Connie had been pampered, and "babied" by Eva. She had never really been alone for any length of time; she did not have the kind of gutsiness which would have carried her through a long, lingering illness. Connie's life had been dramatic, fun, and pretty soft. When things got hard, Connie gave up. Given the situation as it was, I don't think I could have changed that. I felt that the best I could do was to be as comforting as possible, relieve as much guilt as possible, and give Connie the permission she sought to die. I did that, adding the spiritual dimension of forgiveness, grace and the life to come.

Our church memorialized Connie during Black History month, and took a special offering for a nursing scholarship in Africa in her memory.

In the service, we read a poem from the Harlem Renaissance, "We Wear the Mask," which speaks of the hiding of emotions and our own selves behind a mask which we wear for the oppressor. It applied to the Black persons life and to the gay person's life as well.

USE OF RESOURCES

I had two contacts with Connie's doctor at Mass. General. The first to request a "no code" for Connie's chart, and a second to ask the doctor to check on Connie's emotional status, especially the severe depression. I have no idea what the doctor felt was appropriate. I did speak with the nurse, who encouraged me to try to get Connie to eat.

There was no reason to contact Connie's family. Connie had been attending church at a German Catholic church. The burial would be from there, at her family's request. Her only relative was a cousin in Woburn. They were not close, and a visit or call from me would have only raised questions which were unnecessary.

I did speak to the managing director of Daughters of Bilitis, a gay women's organization to which Connie belonged, to ask them to have people visit her, so that she would not feel so isolated, and encouraged church members who knew her to visit also.

I did not think that any other psychological or psychiatric help was indicated, since I really felt that death was immanent, and that Connie would prefer to just slip quietly away.

COMMENT

In looking back over the sequence of events, I note that a number of things happened a year ago. The first was that Connie learned of her cancer and had her first gastrectomy operation. I occurred to me that the car accident, shortly before the operation, but after she had been told of the cancer, might have been an unconsciously or consciously suicidal act. I don't know and can't know at the present. Also, I was not here at that time and heard about it long-distance. The third thing was the argument with her male housemate/housekeeper, which prompted him to move. This left her totally alone. I wondered if Connie had set things up so that there would be no one there, and she would be able to "starve herself to death," without having to deal with someone who knew her well being on hand to try to stop her. All of this is conjecture, but leads me to think that if someone had been in contact with her at that point when she first learned she had cancer there might have been more done to give her courage and the ability to fight back. That point, it seems to me, was the turning point for her. When I saw her at the hospital, things were already too far in motion to make any meaningful change.

